

Insurance Verification Checklist

☐ Coverage effective as of: _____

☐ Codes to be verified: _____

☐ Codes requiring prior authorization: _____

☐ Clarify: PT is to be seen at a stand alone ASC, not affiliated with a hospital.

*This changes by facility. Check with your facility leadership to see if this statement applies.

☐ ASC Co Pay: _____

☐ PT Deductible: _____

☐ PT Deductible Met: _____

☐ PT Co Insurance: _____

☐ Out of Pocket Max: _____

☐ Out of Pocket Max Met: _____

Spoke to: _____

Date: _____



855-208-5566