

1200 OAKLEAF WAY SUITE B  
ALTOONA, WI 54720  
Phone: 715-839-9266  
Fax: 715-839-8761

757 LAKELAND DR SUITE A  
CHIPPEWA FALLS WI, 54729  
Phone: 715-723-5060  
Fax: 715-723-5149

910 COUNTRYSIDE PKWY  
MONDOVI, WI 54755  
Phone: 715-926-6001  
Fax: 715-926-6002

### **PATIENT INSURANCE VERIFICATION**

PATIENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

#### **PLEASE TAKE THIS HOME AND FILL OUT**

**FOR YOUR OWN PROTECTION/KNOWLEDGE AND DUE TO INCONSISTENT INFORMATION GIVEN TO NWT, WE ARE ASKING THAT YOU CONTACT YOUR INSURANCE COMPANY TO VERIFY YOUR OUTPATIENT PHYSICAL THERAPY BENEFITS. THANK YOU.**

YOU WILL WANT TO ASK THE FOLLOWING QUESTIONS:

- 1) ARE YOU ABLE TO BE REFERRED TO PHYSICAL THERAPY BY A CHIROPRACTOR? (IF APPLICABLE) YES OR NO / DOES YOUR INSURANCE REQUIRE AN MD REFERRAL? YES OR NO
- 2) DO YOU HAVE A VISIT LIMIT FOR PHYSICAL THERAPY? IF THERE IS A VISIT LIMIT, IS THIS LIMIT COMBINED WITH OTHER SPECIALTIES (I.E. SPEECH THERAPY, CHIROPRACTIC CARE, OCCUPATIONAL THERAPY) YES OR NO IF YES, VISIT LIMIT IS \_\_\_\_\_

**IF YES, PLEASE RETURN THIS AT YOUR NEXT SCHEDULED APPOINTMENT.**

IF YOU HAVE ONE OF THE FOLLOWING INSURANCES, PLEASE SKIP QUESTION #3:  
GROUP HEALTH  
NETWORK HEALTH  
PREVEA  
SECURITY HEALTH PLAN  
WEA  
WPS

- 3) DOES YOUR INSURANCE REQUIRE PRE-AUTHORIZATION? YES OR NO IF YES, PLEASE GET PHONE AND/OR FAX# OF WHERE WE NEED TO PRE-AUTHORIZE

**IF YES, PLEASE CALL NWT ASAP WITH THIS INFORMATION.**

**\*\*\*\*IF YOU ARE PLANNING ON ATTENDING POOL THERAPY, PLEASE VERIFY THAT YOU HAVE POOL COVERAGE WITH THE CODE 97113.**

**\*\*\*\*IF YOU HAVE AETNA INSURANCE\*\*\*\*\*WHEN VERIFYING YOUR BENEFITS, PLEASE PROVIDE CUSTOMER SERVICE WITH THE NAME OF YOUR THERAPIST, NOT THE NAME OF OUR FACILITY. THEY WILL NOT RECOGNIZE THE NAME NORTHWOODS THERAPY AS AN IN NETWORK PROVIDER.**  
**THANK YOU FOR YOUR TIME.**