

Insurance Verification

Provider: Pamela Leitner, PT, DPT, OCS

Date of Intake: _____

Patient Name: _____

Patient Phone: _____

Referring Doctor's Name: _____

Condition being seen for:

Insurance Company: _____

Insurance Phone Number: _____

Patient Subscriber ID#: _____ Group #: _____

Patient's Date of Birth: _____

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- All potential clients need to complete and submit this form prior to scheduling.
 - All health insurance clients must be referred by a physician and have a physical therapy prescription in order to bill insurance.
 - Pam Leitner is "In Network" for Blue Shield and Medicare. She is "Out of Network" for Blue Cross, United Healthcare, Aetna, Cigna but often will accept assignments from those companies after verifying insurance coverage. Usually takes 1 day or less to verify coverage.
 - After verifying coverage, we will contact clients for scheduling.
 - Workman's Comp is NOT accepted.
 - Those who do not have insurance, out of pocket rates are \$150 for consultation and \$120 for follow up
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Patient Signature

Fax to ACBK: 310.821.7233