



BE ADVISED – You are responsible to know your level of coverage with your insurance company and whether you need to be pre-certified for any therapy treatment. As a courtesy to you, we do call on your benefits but we cannot guarantee the accuracy of the information we receive. You are responsible for any financial discrepancies that may occur if the benefits we are quoted are incorrect.

Signature _____ Date _____

Did you follow up on your insurance benefits after your initial phone call with Freedom Physical Therapy? Yes ___ No ___

FOR OFFICE USE ONLY

Insurance: _____
Are we in or out of network? _____
What is the deductible? _____
What percent do they pay at? _____
Does a physician's referral need to be called in? _____
If not, do we need a physician's referral at all? _____
Is there a limit on visits? _____
Do we need to pre-certify treatments? _____
Are orthotics covered? _____
Do we need to send in an Initial Evaluation? _____
Name: _____
Fax Number (if necessary): _____
My benefit coverage has been explained to me: _____