503.352.0240 | Fax 971.279.5635
www.nhws.us

13333 SW 68th Parkway, Suite 020
Tigard, OR 97223

Insurance Verification Form

Date: ________________________________ Time: ___________________ am pm

Insurance: ____________________________ Telephone:______________________________

Representative Name and Reference Number: _____________________________________

Patient First Name: __________________________ Last Name: _______________________

Member ID: ________________________________ DOB: ____________________________

Effective Date: ____

Plan pays: _________________% or co-pay _____________________

Deductible? Yes $___________ Met $_________________

Family Deductible? Yes $___________ Met $_________________

Out of Pocket (OOP) Maximum

Individual OOP? Yes $ ____________Met $ ______________ Remaining $ _______________

Family OOP? Yes $ ______________Met $ ______________ Remaining $ _______________

For speech therapy: Do they cover CPT codes 92521, 92522, 92523, 92507 with GT MODIFIER? With MODIFIER 95? With PLACE OF SERVICE 02?

For Occupational Therapy: Do they cover CPT codes 97166, 97530 with GT MODIFIER? With MODIFIER 95? With PLACE OF SERVICE 02?

For Psychology: Do they cover CPT codes 90791, 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90853 with GT MODIFIER? With MODIFIER 95? With PLACE OF SERVICE 02?