

Patient Name: _____ Date Benefits Verified: _____

Spoke with _____ or checked online at: _____

Insurance Company: _____ Plan: _____

Date of Birth: _____ Member ID: _____ Group#: _____

Motus Physical Therapy is an in-network provider and PT is a covered service:

YES

NO _____

Plan policy is:

Calendar year (1/1-12/31)

Other: _____

Deductible: _____ **Met:** _____

Copay (flat rate and per visit): _____ due at time of appointment.

Co-Insurance (percentage of allowable amount per visit): _____ due upon receipt and can take 6-8 weeks of processing time.

Maximum Visits: _____

Per plan year

Per episode

Authorization required: (Evicore is a 3rd party that authorizes visits)

YES at first visit

YES after 6 visits

NO

Combined with Massage and/or Chiropractic? (Motus is not responsible for tracking visits attended outside of our clinic).

YES _____

NO

Referral or Prescription required:

YES

NO

I understand that Motus Physical Therapy is billing my insurance based on the information I provided as a courtesy and that I am responsible for the charges incurred and will pay in a timely manner to avoid delinquency and possible collections. The above quote is not a guarantee of payment or coverage by my insurance company.

Signature _____ Date: _____