

# Insurance Benefits Verification

## Please Fax Completed Form to (727) 822 - 6616

Please Underline One: CSS Files Claim

Patient Files Claim

Dietitian Name: Lea Russell, MBA, RD, LD/N

TAX ID # 27-1114849 NPI # 1629221486

Please print legibly:

Name of Insurance Carrier: \_\_\_\_\_

Type of Policy HMO      PPO    OTHER

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Relationship to Policy Holder \_\_\_\_\_

Policy Holder Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For CSS billing only, please note:

**Humana PPO** will pay only with Pre Authorization (Need Referral).

**HMO's Plans** are non covered as we are an Out of Network Laboratory.

*\*Verification of Benefits is NOT a guarantee of payment.*

**\*\*\* For Internal Use only**

Does The Policy Cover CPT Code 83516?      **YES    NO**

Does The Policy Provide Out of Network Laboratory Benefits?      **YES    NO**

Is There an Out of Network Deductible? \$ \_\_\_\_\_

What is the co-insurance \_\_\_\_\_% \_\_\_\_\_%

What amount is left on the Deductible? \$ \_\_\_\_\_

Did the Patient Meet their Out of Network Deductible?      **YES    NO**

Name of Person you spoke to:

Where do we send the claims?