



## INSURANCE VERIFICATION LOG

Patient: \_\_\_\_\_

I. D. \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Group # \_\_\_\_\_

Relationship to pt: \_\_\_\_\_

Effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Insurance Plan:** \_\_\_\_\_

**PCP:** \_\_\_\_\_

**HMO PPO EPO POS CH CH+**

**Claims Address:**

*(Circle plan)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copay:** \$ \_\_\_\_\_

**HRA:** \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Limited Visits? # \_\_\_\_\_

**Deductible:** \$ \_\_\_\_\_

**Lab** \_\_\_\_\_

Amount met: \$ \_\_\_\_\_

\_\_\_\_\_

Co-insurance: \_\_\_\_\_ %

**Injections:** \_\_\_\_\_

**Preventive:** \_\_\_\_\_

**VERIFIED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-existing? \_\_\_\_\_

\_\_\_\_\_