



Need help understanding something?

Call us (415) 282-4083
M-F 8am-5pm

Or visit our website at
risingsunphysicaltherapy.com

Insurance Verification Worksheet

Step-by-Step guide on how to call your insurance

Before the Call

Before calling make sure you have your insurance information and diagnosis / prescription available. You can refer to your insurance card or collect information here:

Member Name	Date of Birth
Subscriber Name	Date of Birth
Insurance ID #	
Group #	
Your Diagnosis / Doctor Prescription :	

During the Call

Start with ...

“I am calling to verify my insurance coverage for physical therapy services in an office setting at Rising Sun Physical Therapy in San Francisco.”

Effective Date of Insurance :	Current Deductable :
How much was met this year :	
After Deductable met what is your co-payment \$	or Co-insurance %
Maximum number of Physical Therapy visits allowed per year:	
per Lifetime:	

Is your Physical Therapy service combined with	
Speech-therapy	yes / no
Occupational therapy	yes / no
Chiropractic	yes / no
Acupuncture	yes / no

What is your out of pocket maximum _____

Is a doctor's prescription necessary?	yes / no
Is prior authorization necessary for treatment at any time?	yes / no
If yes, phone number to call for authorization :	

name of representative you are speaking to :	
date/time of call	reference number for this call