



HUMBOLDT HAND & FOOT THERAPY, INC.

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INSURANCE WORKSHEET

Patient Name: _____

Primary Insurance: _____ **Secondary Insurance:** _____

Policy/I.D. #: _____ Policy/I.D. #: _____

To help you better understand your insurance coverage for Occupational Therapy, we are giving you this insurance worksheet and it is your responsibility to call your insurance company (or go online) and ask the appropriate questions.

On the back of your insurance card you will find the number for customer service. Your ID number and group number are on the front of your card.

Questions to ask:

1. Number of Occupational Therapy visits per year _____
2. Any OT/PT/Chiro (if applicable) visits previously this year? How many? _____
3. What is my deductible per year? \$ _____ Met? Yes No
4. Do I have co-pays? If so, how much will I pay each visit? \$ _____
5. Does my policy cover L3000 or L3002? (Custom fabricated Orthotics) Yes No

Please bring the above insurance information with you at your next visit.

* **FOR MEDICARE PATIENTS: Are you currently receiving HOME HEALTH?** Yes No

We appreciate your cooperation with allowing us to provide you with the best health care possible.

Patient Signature: _____ Date: _____

IF DECLINING TO COMPLETE THIS FORM:

PLEASE REMEMBER YOU WILL BE BILLED FOR ANY VISITS NOT COVERED BY YOUR POLICY.

Patient Signature: _____ Date: _____