



HUMBOLDT HAND & FOOT THERAPY, INC.

1587 Myrtle Avenue, Eureka, CA 95501-1453

Phone (707) 441-1931 • Fax (707) 441-1940

humhandfoot@sbcglobal.net

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 are on the front of the card.

Please note: If you have an HMO Insurance Plan, we are not contracted and therefore do not accept HMO insurance.

Questions to ask:

1. Number of Occupational Therapy visits per allowed per year _____.
2. Have you had any previous OT/PT/Chiro (if applicable) visits this year? _____ If so 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.

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

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: _____