

2022

Patient Name _____

INSURANCE WORKSHEET

Primary Insurance: _____ Secondary Insurance: _____

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

Medicare allows \$2,150.00 per year for Occupational Therapy. We will monitor that dollar amount. Your ID number is on the front of your card.

* Please note your Medicare deductible has increased to \$233.00 per year.

Please answer the following question:

1. Have you had any previous OT visits this year? _____ If so how many? _____

2. Are you currently receiving Home Health? () Yes () No

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

Signature: _____ Date: _____