



Benefits Worksheet

VERIFYING YOUR HEALTH INSURANCE

The first step in making a lifestyle change at Pinnacle Medical Wellness is to become educated about your health insurance benefits. It is important that you understand your benefit coverage not only during your time at Pinnacle, but for any future health needs. We have put together the following worksheet to assist you in taking the first step to a healthier lifestyle.

Please understand that when you are discussing your benefit coverage with your insurance company, any quote that they may provide you is not a guarantee of payment, and any fees accrued that the insurance company does not pay will be your responsibility.

For all services at Pinnacle, you will be responsible for any co-pays, co-insurance, deductible and out-of-pocket costs according to your insurance benefits.

Verifying Your Health Insurance Benefits

You will need to have your insurance card handy prior to calling your insurance provider. The customer service phone number is located on the back of your insurance card. If you are not the primary card holder, you will need to know the primary card holder's date of birth and possibly their social security number.

The following worksheet provides you space to write in your insurance information and guides you through the appropriate questions to ask the customer service representative.

Additionally, you may be asked for information regarding the facility/location you are wanting to seek treatment. Should your insurance carrier require this, see below for our National Provider Information (NPI) and Tax Identification Number (TIN)

Pinnacle Medical Wellness (Physical Therapy)

NPI: 1225116916

TIN: 201350874



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Primary Insurance: _____ ID Number: _____ Group Number: _____

General information to ask for.

What is my deductible? _____

How much have I met? _____

What is my out-of-pocket maximum? _____

How much have I met? _____

What are my professional Physical Therapy benefits?

Copay _____

Co-insurance _____

How many visits? _____

Have I used any visits? _____

Are these visits combined with any other services (ex. Occupational, Speech or Massage Therapy)? _____

Do I need a prescription or referral from my doctor? _____

Do I need to get pre-authorization before I start? _____

What are my Nutrition Counseling benefits with a Registered Dietitian?

Copay _____

Co-insurance _____

How many visits? _____

Have I used any visits? _____

Are these visits combined with any other services? _____

Do I need a prescription or referral from my doctor? _____

Do I need to get pre-authorization before I start? _____

Notes:



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VERIFYING YOUR HEALTH INSURANCE

Secondary Insurance: _____ ID Number: _____ Group Number: _____

General information to ask for.

What is my deductible? _____

How much have I met? _____

What is my out-of-pocket maximum? _____

How much have I met? _____

What are my professional Physical Therapy benefits?

Copay _____

Co-insurance _____

How many visits? _____

Have I used any visits? _____

Are these visits combined with any other services (ex. Occupational, Speech or Massage Therapy)? _____

Do I need a prescription or referral from my doctor? _____

Do I need to get pre-authorization before I start? _____

What are my Nutrition Counseling benefits with a Registered Dietitian?

Copay _____

Co-insurance _____

How many visits? _____

Have I used any visits? _____

Are these visits combined with any other services (ex. Occupational, Speech or Massage Therapy)? _____

Do I need a prescription or referral from my doctor? _____

Do I need to get pre-authorization before I start? _____

Notes: