

Emeryville Sports Physical Therapy

Instructions for Private PPO Insurance Verification

Please provide the following information to further assist you in getting coverage information for PT treatment:

1. Insurance company: _____
2. Insurance Group Number _____
3. Member ID. # _____
4. Patient Name _____
5. Patient Date Of Birth _____
6. Subscriber Name (If different) _____
7. Subscriber Date of Birth _____

I would like to have my insurance verified for physical therapy benefits:

Patient Signature

Date

Please email us at reception@emeryvillept.com or Fax to 510.601.1358. We will gladly respond to you within 2 business days with the information provided to us by your Insurance