

Insurance Verification Form

Patient / Insured Name *

Date of Birth

Insurance Information

Insurance Company *

Plan Name / Type

Policy / Member Number *

Group Number

Coverage Effective Date

Subscriber Name (if different from patient)

Relationship to Subscriber

Coverage Verified

☐

Coverage confirmed active as of verification date

Copay Amount

Deductible (total)

Deductible Met to Date

Out-of-Pocket Max

☐

Pre-authorization required for the service(s) in question

Pre-Authorization Number (if obtained)

Verification Notes

Verified By

Staff Member Name

Date Verified

Method (phone / portal / EDI)

Template provided for general reference only and does not constitute legal advice. Laws vary by jurisdiction — have a qualified professional review this document before you sign or rely on it. Insurance verification confirms coverage at a point in time only and does not guarantee payment — final determination is made when the claim is processed.