INSURANCE INFORMATION & VERIFICATION SHEET

Last Name	First	M.I.	Account #	Order Date
Equipment				

PRIMARY INSURANCE

Company Name		
Policy Number		Group #
Phone		Fax
Address		
City	State	Zip
Name of Subscriber If other than patient		
Social Security		DOB
Relationship to patient Spouse ☐ Parent ☐ Guardian ☐ Other ☐		
Are you the primary insurer? ☐ Yes ☐ No		If no, who? ________________
Is Procedure code _____ covered ☐ Yes ☐ No (Name it)		What percentage?
Is Equipment to be: ☐ Purchased ☐ Rented ☐ Both		
If Rental equipment, does it apply to purchase? ☐ Yes ☐ No		
DME Deductible: $	Been met? If not, how much?	
Policy Effective Date	Is Prior Authorization Needed? ☐ Yes ☐ No **If so, get it.**	
Assignment? ☐ Yes ☐ No	Self-Ins.	Is Juro's a PPO? ☐ Yes ☐ No

What documents are required with the claim/invoice?

- ☐ Prescription Number
- ☐ Certificate Of Medical Necessity (CMN)
- ☐ Invoice
- ☐ Explanation Of Benefits (EOB)
- ☐ Prescription (RX)
- ☐ Assignment of Benefits (AOB)
- ☐ Written quote, Prior Approval, Purchase Order
- ☐ HCFA 1500 or standard claim form
- ☐ Other ______________________
- ☐ Purchase vs. Rental Purchase $ ________
- ☐ Cap on quantities Cap Amt ________
- ☐ Crosses over to the secondary electronically

Talked to:	Date:
Special Notes:	
Employee Name:	

SECONDARY INSURANCE

Company Name		
Policy Number		Group #
Phone		Fax
Address		
City	State	Zip
Name of Subscriber if other than patient		
Social Security		DOB
Relationship to patient Spouse ☐ Parent ☐ Guardian ☐ Other ☐		
Are you a secondary or supplement to the primary? ☐ Secondary ☐ Supplement		
Is Procedure code _____ covered ☐ Yes ☐ No (Name it)		What percentage?
Is Equipment to be: ☐ Purchased ☐ Rented ☐ Both		
If Rental equipment, does it apply to purchase? ☐ Yes ☐ No		
DME Deductible: $	Been met? If not, how much?	
Policy Effective Date	Is Prior Authorization Needed? ☐ Yes ☐ No **If so, get it.**	
Assignment? ☐ Yes ☐ No	Self-Ins.	Is Juro's a PPO? ☐ Yes ☐ No

What documents are required with the claim/invoice?

- ☐ Prescription Number
- ☐ Certificate Of Medical Necessity (CMN)
- ☐ Invoice
- ☐ Explanation Of Benefits (EOB)
- ☐ Prescription (RX)
- ☐ Assignment of Benefits (AOB)
- ☐ Written quote, Prior Approval, Purchase Order
- ☐ HCFA 1500 or standard claim form
- ☐ Other ______________________
- ☐ Purchase vs. Rental Purchase $ ________
- ☐ Cap on quantities Cap Amt ________
- ☐ Crosses over from the primary electronically

Talked to:	Date:
Special Notes:	
Employee Name:	

revised 4/8/08