

MEDICAL INSURANCE VERIFICATION FORM

PATIENT INFORMATION

Patient Name: Tony Soprano Sex: ☐ Male ☐ Female
Date of Birth: 05/16/1959 Street Address: 139 88th Ave
City: Pe-Herson State: New Jersey ZIP Code: 02113
SSN: 113-59-3659 E-Mail: nobboss@gmail.com
Home Phone: (917) 333-5674 Work Phone: (929) 343-3667
ICD-9-CM Diagnosis Code(s): A60, 36B, B-4, 36
Anticipated CPT Code(s) for Procedure(s): 74B, 36C

INSURANCE INFORMATION

Insurance Provider: BOS AT Phone: 911-371-7129
Policy No.: AQT 3366759 Group No.: 139
Insurance Policy is: ☐ Primary Insurance ☐ Secondary Insurance
Subscriber Name: Tony Soprano Date of Birth: 05/16/1959
Subscriber Relationship to Patient: Self

ELIGIBILITY AND BENEFITS

Coverage Start Date: 01/01/1980 Coverage End Date: 12/31/1991
Plan Type: ☐ HMO ☐ PPO ☐ Medicare ☐ Other: _____
Deductible: \$ 1000 Has Deductible Been Met? ☐ Yes ☐ No
Copayment: \$ 60 Coinsurance: 10 % Out-of-Pocket Limit: \$ 2000
Benefits: _____
Referral Necessary? ☐ Yes ☐ No
Prior Authorization Required? ☐ Yes ☐ No
Out-of-Network Coverage? ☐ Yes ☐ No
Out-of-Network Financial Responsibilities: _____

INSURER INFORMATION

Verification Date: 03/16/24 Verification Time: 9:00 a.m. ☐ p.m.
Insurance Rep.: George Sterna Phone / Ext.: 917-339-5543
Prior Auth. Phone: 334-564-9173 Fax: 811-411-3111
Prior Auth. Contact: Chas Nara Approval No.: 3917
Referral Phone: 734-645-3212 Fax: 333-799-3819
Referral Contact: _____

Notes:

His consistent gunshot wounds

Signature: Tony Soprano Print Name: Tony Soprano
eSign