

Universal Benefits Verification

FACILITY INFORMATION

Physician Name	Practice Name
Physician PTAN	Practice PTAN
Physician NPI	Practice NPI / TAX ID
Office Contact Name	Office Contact Email

PATIENT INFORMATION

Patient Name	Patient DOB	EMR Patient ID
Primary Insurance	Member ID	
Secondary Insurance	Member ID	
Has the patient been recently admitted to a hospital or currently under part A stay at a Skilled Nursing Facility?	Yes	No
If yes, has it been over 100 days?	Yes	No

PROCEDURE INFORMATION

Procedure Date:	Conservative Treatment Start Date:
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Skin Substitute	Wound 1 (cm) L:	W:	D:	Total:
Wound Supply Kits (Collagen, Gauze, etc)	Wound 2 (cm) L:	W:	D:	Total:
	Wound 3 (cm) L:	W:	D:	Total:

ICD-10:	CPT Application Codes:	HCPCS: (When Applicable)
1:	1:	1:
2:	2:	2:
3:	3:	3:
4:	4:	4: