

# Commercial Insurance Verification and Eligibility Form

Instructions: Complete this verification form prior to the patient's scheduled appointment. Print the completed form for the patient's physical file.

Verification Metadata			
Verified By (Staff Name):	<input type="text"/>	Date of Verification:	<input type="text" value="MM/DD/YYYY"/>
Insurance Representative Name:	<input type="text"/>	Call Reference Number:	<input type="text"/>

Patient & Subscriber Information			
Patient Full Name:	<input type="text"/>	Patient Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
Subscriber Name (if different):	<input type="text"/>	Subscriber Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
Relationship to Subscriber:	<input type="text" value="Self, Spouse, Child, etc."/>	Member Policy ID:	<input type="text"/>
Group Number:	<input type="text"/>	Insurance Plan/Program Name:	<input type="text"/>

Insurance Company Information			
Insurance Payer Name:	<input type="text"/>	Provider Services Phone:	<input type="text"/>
Claims Billing Address:	<input type="text"/>	Electronic Payer ID:	<input type="text"/>

Eligibility & Coverage Details			
Is Coverage Active? (Yes/No):	<input type="text"/>	Plan Type (HMO/PPO/EPO/POS):	<input type="text"/>
Policy Effective Date:	<input type="text" value="MM/DD/YYYY"/>	Policy Termination Date:	<input type="text" value="MM/DD/YYYY"/>
Co-insurance Percentage:	<input type="text" value="e.g., 20%"/>	Out-of-Pocket Maximum:	<input type="text" value="Individual / Family"/>
Out-of-Pocket Met to Date:	<input type="text"/>	Annual Deductible Amount:	<input type="text" value="Individual / Family"/>
Deductible Met to Date:	<input type="text"/>	Deductible Remaining:	<input type="text"/>

Copayment & Service-Specific Benefits			
PCP Office Visit Copay:	<input type="text"/>	Specialist Office Visit Copay:	<input type="text"/>
Telehealth Copay:	<input type="text"/>	Urgent Care Copay:	<input type="text"/>
Preventive Care Covered 100%? (Yes/No):	<input type="text"/>	Referral Required? (Yes/No):	<input type="text"/>

Pre-Authorization Requirements	
Is Pre-Authorization Required for Procedures? (Yes/No):	<input type="text"/>
Pre-Authorization Department Phone/Portal:	<input type="text"/>

Internal Notes & Verification Comments	
Additional Benefit Details, Exclusions, or Limitations:	
<input type="text" value="Enter coverage details, coordination of benefits info, or exclusion notes here..."/>	