

## Insurance Claim Information Sheet

- 1. Patient's insurance card
- 2. First, middle initial, and last name of physician patient is under care of for any condition being seen for at our clinic
- 3. Physician's office name, complete address, and telephone number
- 4. Physician's National Provider Identifier (NPI) number (personal number, not clinic or hospital NPI)
- 5. ICD-10 Diagnosis Code(s). Give relevant alphanumeric code(s) for the condition(s) patient expects to be seen for at our clinic. For example, codes for specific condition or pathology (i.e. cervicalgia or radicular pain L leg), or general descriptive conditions (i.e. neck pain and rotator cuff tear right shoulder, or Low Back Pain and Sciatic nerve pain, or Muscle strain upper back, Low Back Pain, Plantar Fasciitis, etc.).
- 6. Prescription or referral for treatment letter (not ordinarily required)
- Bring patient's insurance card (Actual card, please. Not information from card)
- Physician's name:

i nysicium s nume				
	first	mi	last	
Physician's NPI #:				
	(10 digits)			
Physician's Clinic				
	name of clinic/hospital			
	address		suit	te/room #
	address			
	city	state	zip	
	area coae tel. #			
	Physician's NPI #:	first Physician's NPI #: Physician's Clinic Physician's Clinic address address	first     mi       Physician's NPI #:     (10 digits)       Physician's Clinic     name of clinic/hospital       address     address       city     state       _()	Physician's NPI #:     first     mi     last       Physician's Clinic     (10 digits)       name of clinic/hospital       address     suit       city     state       _()

- Diagnosis Codes (ICD-10):
- Prescription/referral letter (if required or issued)

If physician's office is hesitant to provide physicians NPI or diagnosis codes to you, we will call the physician's office for these once we receive the remaining information from you. However, there may some delay in filing your claim until physician's office provides this information.