

Specialist Referral Insurance Verification

Patient Name

Date of Birth

Phone Number

Referring Provider

Referring Provider NPI

Specialist Name

Specialty

Specialist Address

Specialist Phone

Specialist NPI

Insurance Company

Insurance Phone Number

Member ID

Group Number

Policyholder Name

Service to be Rendered

ICD-10/CPT Codes

Authorization Number

Number of Visits Approved

Effective Dates of Authorization

Notes

A large, empty rectangular box with a thin black border, intended for taking notes.