



INSURANCE VERIFICATION

PATIENT INFORMATION:

PATIENT NAME: _____

DATE OF BIRTH: _____

EXPECTED APPLICATION DATE: _____

GENDER: Male Female

PHYSICIAN NAME, NPI, PTAN & TAX ID: _____

INSTRUCTIONS:

In order for us to process your insurance verification request all 8 questions must be answered below. We do not charge for this service. We will process your request and return your results within 48 business hours. Typical turnaround time is 24 hours.

QUESTIONS:

ANSWER:

Yes

NO

1.

a. Is the patient in a skilled nursing facility?

b. Is the patient under the care of a home health agency?

2.

Has the patient been treated (including self-treatment) for at least 4 weeks with conventional/traditional protocols without a satisfactory outcome?

3.

Wound infection free?

4.

Wound size in cm (minimum 1x1cm) and location of wound

5.

What place of service will the graft be applied in?

6.

Insurance Payor & ID

7.

Secondary insurance Payor & ID

8.

Diagnosis codes to support medical necessity

This insurance verification is not a guarantee of coverage or payment. Its details are based on the information provided at the time of verification. Coding must always reflect the procedures performed. It is recommended the physician always confirm all coding, coverage, and reimbursement guidelines directly with the payer. This is provided for Informational use only.

Please send to:

rxwoundivr@allinwonmed.com