

Online Insurance Verification Form

If you are curious about if we accept your insurance at 3DPT and what your physical therapy benefits are, please fill out the information below and our billing coordinator will verify your benefits for you and we will contact you with the information.



Patient Name: _____ **Date of Birth:** _____

Patient Phone Number: _____

Insurance Provider: _____

Name of Policy Holder (If policy holder is not the patient): _____

Date of Birth of Policy Holder: _____

Subscriber / Enrollee ID #: _____