

Patient request for Orthotic coverage

Checklist

- call Member Services phone # on insurance card
- ask insurance representative for
 - o CPT Code L3000 for 2 units for a total of \$588.00

Request answers to the following questions:

- Is Dr Shuman listed as a participant in the health plan?
- Is the provider ID for Dr Shuman 20-1348548?
- Amount patient would have to pay for Orthotic \$ _____
- How many pairs of orthotics are covered?
- Each year? Every 5 years? In a lifetime?
- Is there a yearly deductible amount to be met before insurance pays, and if so, how much? _____
- Is preauthorization required? Yes or No
 - o If yes, Fax number to send request _____
 - o To what department and to whose attention?

Request they fax this benefit information to Dr Shuman at 703-433-5006
Or send it to 21475 Ridgetop Circle, #210, Sterling, VA 20166

Name of insurance representative who gave the information and phone number

Name _____ # _____

Date _____ Time of call _____