



NOVELLO INFUSION

**INSURANCE VERIFICATION**

Novello Infusion will be billing your insurance for the administered medications and nursing services that will be provided to you. After contacting your insurance carrier, we have obtained the following information regarding coverage of your therapy and related services.

This is a QUOTE of Benefits and is not a guarantee of payment from the insurance company and the amounts reflect the information your insurance company provided to Novello Infusion on the date indicated below. You can verify the information below by contacting your insurance company. If you have additional insurance that is not listed, please let our staff know immediately.

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis Being Treated \_\_\_\_\_

Treatment Ordered \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance \_\_\_\_\_ Effective Date \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Annual Deductible \$ \_\_\_\_\_ Remaining This Year \$ \_\_\_\_\_ Co-Insurance % \_\_\_\_\_

Annual Out of Pocket \$ \_\_\_\_\_ Remaining This Year \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholders DOB \_\_\_\_\_

Cardholder's Relationship to Patient \_\_\_\_\_

In Network? \_\_\_\_\_ Waiting Period? \_\_\_\_\_ Coverage For Diagnosis? \_\_\_\_\_

Referral Required? \_\_\_\_\_ Precertification Or Authorization Required? \_\_\_\_\_

Authorization # \_\_\_\_\_ Authorization Effective Dates From \_\_\_\_\_ To \_\_\_\_\_

Is There a Visit Limit? \_\_\_\_\_ If Yes, How Many? \_\_\_\_\_ # Used \_\_\_\_\_ # Left \_\_\_\_\_

Name / Site Information Obtained from \_\_\_\_\_ Reference # if given \_\_\_\_\_

**COPAY ASSISTANCE**

Does the Patient have Copay Assistance? \_\_\_\_\_ If Yes, Program & ID # \_\_\_\_\_

Patient Responsibility \_\_\_\_\_

*If you have questions or concerns, please call Novello Infusion and ask to speak with the billing department.*

\_\_\_\_\_  
Patient Signature                      Date

\_\_\_\_\_  
Novello Representative Signature                      Date