Enrollment form – Pinnacle

Healthcare providers may be required to precertify services with the insurance company. If you need assistance obtaining precertification for your patient, please complete this form and fax it together with a copy of the patient's insurance card and the signed patient enrollment authorization to The Pinnacle Health Group at 215-369-9198.

PATIENT INFORMATION

Name

Address

City | State | ZIP Code

Date of Birth | Social Security Number

INSURANCE INFORMATION

Name of Insurance

Policy Holder Name | Policy Holder Date of Birth

Plan ID | Group Number

Provider Services / Insurance

Phone Number

PROCEDURE

Diagnosis Code L57.0 | Other ICD-10 Code

HCPCS Code J7308 / Select CPT Code(s) 96567, 96573 or 96574 | Other ICD/HCPCS Codes

Procedure Description

Body Site to Be Treated | Date of Procedure

PHYSICIAN INFORMATION

Name | Tax ID Number

NPI Number | Provider Number

Address | City | State | ZIP Code

Phone Number | Fax

Office Contact Name | Office Contact Direct Number

Office Contact Email

PATIENT ENROLLMENT AUTHORIZATION

I, _____, authorize my provider and health insurance plan to disclose to The Pinnacle Health Group and/or their representatives, information about my medical condition, treatment, and insurance coverage (for example, my diagnosis, medical history, and insurance coverage limitations) as needed to authorize benefits for my procedure and determine if this procedure may be covered under the terms of my health insurance policy. Further, I consent to being contacted by The Pinnacle Health Group with respect to supporting the coverage for this procedure. I understand that I may refuse to sign this authorization and can revoke this authorization at any time, except to the extent that The Pinnacle Health Group has taken action in reliance on it, by mailing a written request to revoke this authorization to my insurance provider. I have read and understand this consent statement.

Patient Signature | Date

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