

## Determination of Out of Network Benefits

Synergy Studio

NPI - 1285745968

Tax ID - 59-3669237

Insurance \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance representative's name \_\_\_\_\_

Date called \_\_\_\_\_

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

DOB \_\_\_\_\_

Social \_\_\_\_\_

Insurance ID# \_\_\_\_\_

Subscriber name \_\_\_\_\_

DOB \_\_\_\_\_

Social \_\_\_\_\_

Insurance ID# \_\_\_\_\_

Zip code \_\_\_\_\_

Insurance will pay \_\_\_\_\_ % of expenses

Patient will pay \_\_\_\_\_ % of expenses

Patient has a deductible of \$ \_\_\_\_\_

Patient has \$ \_\_\_\_\_ left in deductible

Visit limit per calendar year \_\_\_\_\_

Number of visits used this quota \_\_\_\_\_

Insurance requires preauthorization for visits  yes  no

Other restrictions/notes \_\_\_\_\_