

# ***Carrier and Verification Reference Tool***

## ***Instructions***

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This Support Tool is designed to streamline the verification process and make it as efficient as possible. Once this document is complete, you will have all the information you need to verify coverage and follow up on claims in one easy-to-use tool that will save time and minimize errors. The form is intuitive and should be simple for you and your team members to master. Because this form is a writable PDF document, fill in the form electronically and then “save as” a new document. This will allow you to retain your original and to have a new electronic copy. Print your final document, laminate it, or keep it in a sheet protector to have the information at your fingertips as you work with these carriers.

**Section One** allows you to enter master data for the practice. Additional writable fields are available for you to personalize added columns of information.

**Section Two** allows you to enter your providers’ names and specific billing numbers. Additional writable fields are available for you to personalize added columns of information. There is room to enter four providers. If you need more room, customize an additional Carrier and Verification Reference Tool.

**Section Three** allows you to enter data specific to your Medicare Administrative Contractor (MAC). Complete the option indicating whether your practice is participating or non-participating with Medicare. Then, enter the information about your carrier. There is one additional column that you can personalize with information of your choice, if desired.

**Sections Four, Five, and Six** allow you to enter specific data about the Medicare Advantage Plans (Part C Replacement Plans), Group Health Plans, and Managed Care Plans that you work with, whether participating or non-participating. Enter the information about each plan, along with provider data. There is room for up to two providers per carrier. If you need more room, customize an additional Carrier and Verification Reference Tool.

# Carrier and Verification Reference Tool

Name of Practice	Tax ID Number	Group NPI Number			

Name of Provider	Tax ID Number/SSN	NPI Number	PTAN		

**Medicare Administrative Carrier (MAC)**     Participating     Non-Participating

Medicare Carrier Name	Provider Services Phone Number	Interactive Voice Response Number	Carrier's Provider Web Address	Web Portal Login and Password	

## Medicare Advantage Plans

Advantage Plan Carrier Name	Provider Services Phone Number	Interactive Voice Response Number	Carrier's Provider Web Address	Web Portal Login and Password	Provider Name and ID #	Par Or Non-Par	Provider Name and ID #	Par Or Non-Par
						P   NP		P   NP
						P   NP		P   NP
						P   NP		P   NP
						P   NP		P   NP
						P   NP		P   NP

## Group Health Plans

Group Health Carrier Name	Provider Services Phone Number	Interactive Voice Response Number	Carrier's Provider Web Address	Web Portal Login and Password	Provider Name and ID #	Par Or Non-Par	Provider Name and ID #	Par Or Non-Par
						P NP		P NP
						P NP		P NP
						P NP		P NP
						P NP		P NP
						P NP		P NP

## Managed Care Plans

Managed Care Plan Name	Provider Services Phone Number	Interactive Voice Response Number	Carrier's Provider Web Address	Web Portal Login and Password	Provider Name and ID #	Par Or Non-Par	Provider Name and ID #	Par Or Non-Par
						P NP		P NP
						P NP		P NP
						P NP		P NP
						P NP		P NP
						P NP		P NP

*Notes*