

The Leggett Group, LLC Out-of-Network Benefits Search Form

The Leggett Group has partnered with OCAN and Lisa Marshall to provide a professional service which can verify your eligibility for any out-of-network option your insurance policy may have. The Leggett Group will pay for the benefit check service only; if you would like to contract with OCAN for any other service, you can negotiate those fees directly with Lisa Marshall.

OCAN / Lisa Marshall

Ocan1965@gmail.com

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Dear Patient,

I, Lisa Marshall and OCAN, am offering a service to verify the details of your insurance benefit, and specifically to discover any options you may have to be seen out-of-network at The Leggett Group.

What I need from you:

Complete, sign and return this form to me via email or fax

Out of network benefits will be checked within 2 business days

All details will be emailed to you and to The Leggett Group so they can assist you in your treatment planning.

Release of Information: I authorize the release of any medical or other information necessary to process claims to OCAN. OCAN will only submit claims on my behalf per the information I provide to them, they take no responsibility in the validity of the information submitted to my insurance company. OCAN does not guarantee payment of your claim, only a response from your insurance carrier. I also authorize the sharing of my benefit information with The Leggett Group, LLC so they may complete my request for treatment there.

Please Sign: _____

Date: _____

Please feel free to call or email OCAN or The Leggett Group prior to completing

this form with any questions.

Please Complete:

Patient Last name: _____ Patient First Name _____

Patient Date of Birth _____

Address: _____

_____ **Patient or Parent's Email**
:

Phone # _____

Insured's information (if not the patient):

Insured's Last Name: _____ Insured's First Name _____

Insured's Date of Birth: _____ Relationship to patient _____

Insurance Information:

Insurance Name Id/Policy # Group# if applicable

Customer Service Phone #:

AETNA

BLUE CROSS/BLUE SHIELD

CIGNA

HARVARD PILGRIM

TUFTS

UNITED HEALTHCARE

Other(list Name):

Customer Service Phone #:

****If possible please include a front and back copy of the patient's insurance card****