 FULL CIRCLE THERAPY, PLLC

215 Wellington Way, Smyrna, TN 37167 \* 615-545-4271\* F800-517-3873\* [Fullctherapy@aol.com\*](mailto:Fullctherapy@aol.com*) [www.fullcircletherapy.org](http://www.fullcircletherapy.org)

To submit an insurance claim:

* Please pick up a red HCFA form at the clinic.
* Fill in the insurance information as instructed:
  + 1 Check group health plan
  + 2 Complete patient’s name, 3 date of birth and gender
  + 5 Complete patient’s address
  + 6 and 8 Check relationship to insured and patient status as appropriate
  + 10 Check no to all under patient’s condition
  + 9 a,b,c,d Under other insured: complete information for primary policy holder if different than patient
  + 1a, 4, 7 enter patient’s id number, name and address and telephone again
  + 11 enter group number on card
  + 11a enter patient’s date of birth and gender
  + 11b enter other insured’s employeres name again
  + 11c enter insurance plan name
  + 11d check no to another health plan if you are not using a secondary insurance
  + 14 date of current is date of birth unless an injury was involved
  + 20 outside lab check no
  + 17 name of referring provider is your md
  + 21 diagnosis is the code on the top of your statement ICD-9/10
  + 24a dates of service is the date of service – 1 date for each cpt code listed on your statement
  + 24b place of service is 11
  + 24d is the cpt code listed on your statement
  + 24e should be 1
  + 24 f and g are listed on your statement under units and charges
  + 24 j rendering provider id is on the bottom of your statement as a npi number
  + 25 tin is on the bottom of your statement
  + 27 accept assignment check no
  + 28 total charges
  + 32 and 33 fill in Full Circle Therapy name, address and phone and npi number
  + ask Dr. Allen for her signature on the bottom of form if not signed

If you need any assistance, do not hesitate to ask.

Jennifer Allen, DPT, HPCS



TIN: 32-0303115

NPI: 1588680490