

Contacting My Insurance Company Before My First Visit...

Before you call your Insurance Company, have ready:

Your Name: _____ Birth Date: _____

Subscriber Name (Spouse) _____

ID Number: _____ Group Number: _____

Diagnosis (if possible) _____

Coverage Type: (Circle one if appropriate)

HMO

PPO

Major Medical MVA

Work. Comp

MCO

When you call your Insurance Company say:

"I am calling to verify my insurance coverage."

Date and Time of phone call: _____

Name of person who you spoke with: _____

They will tell you:

Effective date of Insurance: _____

Current Deductible: _____ Claims paid at _____ % Co-Pay: _____

Visit or Dollar amount limit per calendar/benefit year: _____

Number of visits used/available: _____ Yearly/Lifetime Maximum _____

Out-of-Pocket Maximum: _____, Then claims paid at: _____ %

Be sure to ask:

Is Pre-Certification or prior authorization for treatment required? _____

Do you require a prescription or referral from my Physician? YES or NO (circle one)

If you have questions or need help, please feel free to call our Business Manager.

