

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 & Time of phone call: _____

Name of person who you contacted: _____

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 _____%

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

Do you require a prescription from my physician? Yes / No