

INSURANCE INFORMATION CHECKLIST

Please complete the following checklist and return this form with the rest of the information requested in this packet. Insurance referrals are the patient's responsibility. If a referral is needed and not in place before your first visit, you be responsible for payment at the time of service.

The following is a list of questions you should ask your insurance company. These questions will help you, as well as our office, to understand exactly what is covered during infertility and ultimately maternity testing and treatment.

	Yes	No
<input type="checkbox"/> Do I have infertility benefits?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is Dr. NeeOo Chin a participating provider?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If Dr. Chin is not a participating provider, do I have out of network benefits for infertility?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If Dr. Chin is not a participating provider, and I have out of network benefits for infertility, does that change my level of benefits?	<input type="checkbox"/>	<input type="checkbox"/>
A) Do I have a larger deductible? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
B) Do I have a larger co-pay or co-insurance? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do I need a referral? If so, where does the referral come from (i.e. primary care physician or OB/GYN)? _____	<input type="checkbox"/>	<input type="checkbox"/>
*important: For male lab work (i.e. semen analysis and sperm washes) is a referral needed?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> What is my office visit co-pay for a specialist? \$ _____		
<input type="checkbox"/> Is pre-certification required for out patient diagnostic procedures?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Is pre-certification required for out patient surgery?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Which hospitals are participating network facilities (Dr. Chin is a provider at Mercy Fairfield, Butler County Surgery Center, and the Christ Hospital)? _____		
<input type="checkbox"/> Do I have maternity benefits?	<input type="checkbox"/>	<input type="checkbox"/>

Insurance Co. Name: _____ Insurance Co. Rep's Name: _____

Patient Signature: _____ Date: _____

We request that you provide us with a copy of those pages from your insurance benefit booklet that specify infertility benefits. Your health insurance coverage is a contract between you and your insurance company. You are financially responsible for any deductibles that have not been met and for any charges incurred that are not a covered benefit under your particular policy. We do provide precertification and authorization as needed, but it is prudent to be informed what your out of pocket costs will be.

Patient Signature: _____ Date: _____