



Benefit Verification Worksheet

This form has been developed to help you understand your benefits when you see our Physicians and Nurse Practitioners. We strongly recommend that you contact your insurance company **prior** to all visits to determine what your insurance benefits will be. The questions listed below will help you estimate your out of pocket expenses.

To verify benefits call the customer service number listed on your insurance card.

GENERAL INFO:

Is my primary care doctor in Network?..... YES / NO
 (If NO verify if you have out of network benefits)

ROUTINE WELLNESS BENEFITS (well child care check ups)

Are well child care check ups covered..... YES / NO
 If yes, how many well child check ups are covered each year.....# _____
 Does your insurance require 365 days between well child check ups.. YES / NO
 Is there a copay for well child care check ups..... YES \$ _____ / NO
 Are well child check ups subject to a deductible..... YES \$ _____ / NO
 Is there a calendar year dollar maximum allowed for
 well child care check ups..... YES \$ _____ / NO
 Are immunizations Covered..... YES / NO
 Are the following Screenings Covered (Diagnosis V20.2):
 Vision Screen (CPT 99173)..... YES / NO
 Hearing Screen (CPT 92587)..... YES / NO
 Developmental Screening (CPT 96110)..... YES / NO

ILL VISIT BENEFIT VERIFICATION

Is there a copay for ill visits?..... YES \$ _____ / NO
 Are ill visits subject to a deductible?..... YES \$ _____ / NO
 Are labs covered in the office?..... YES / NO