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Benefit Verification Worksheet

This form has been developed to help you have a better understanding of your benefits. We strongly recommend that you contact your insurance company prior to all visits to determine what your insurance benefits will cover. The questions below are general questions and will not cover all services offered in our office.

To verify your benefits, please call the customer services number listed on your insurance card.

General Info:

- Is my primary care doctor in Network with my insurance?

Routine Wellness Benefits (Well Child Check Up):

- Are well child checkups covered under my plan?
If Yes, How many wellness visits are covered each calendar year? _____
- Does my plan require a full 365 days between wellness visits once over the age of 3?
- Is there a copay for check-ups? How much? \$ _____
- Are wellness exams subject to my deductible?
- Are immunizations covered under my wellness benefits?
- Are the following screenings covered at my wellness visit? (Diagnosis V20.2)
Vision Screen (CPT 99173)
Hearing Screen (CPT 92587)
Developmental Screening (CPT 96110)

ILL Visits

- Is there a copay for Ill visits? How much \$ _____
- Are ill visits subject to a deductible? How much is my deductible? \$ _____
- Do I have a co-insurance for ill visits? How much is my coinsurance? \$ _____
- Are labs covered in the office?