Insurance Verification Form

Henry Fertility   *Michael A. Henry, M.D.*

Please complete this insurance verification form prior to your visit with the doctor.
Use this form as a questionnaire when calling the member services number on your insurance card.

**It is your responsibility to call your insurance company and/or your primary physician for referral authorization. Thereafter you are responsible to inform the office staff of referral updates, extensions and/or change of insurances.

Today's date:

Insurance Company: Effective Date of Policy:

Insurance phone number for verification:

Policy Deductible: Amount Met: Coinsurance:

Is there a Specialist Office Visit Co-Pay?   YES / NO   If YES, Amount?

Does your policy require a referral to see a Specialist?   YES / NO

Do you have to go to certain labs, hospitals, pharmacies? If yes please list the names of the required facilities:

Hospital:

Labs:

Pharmacy:

* Please note if your insurance allows you to go anywhere, indicate so in the space provided

Please contact your insurance company prior to your appointment and ask the following questions

If we are seeing you for infertility related services, does your policy cover infertility services?	Yes	No
If YES, does your policy require precertification or a pre-determination letter for these services?	Yes	No
Are ultrasounds and blood draws with an infertility diagnosis considered diagnostic CPT codes: 76857 (ultrasound) AND 82670 (blood test) with Diagnosis of N97.9 for example.	Yes	No
Is CPT code 58340 (Hysterosalpingogram or HSG) a covered service? Does it require prior authorization? ***This test is not for infertility treatment and will have a medical diagnosis. This is a diagnostic test.***	Yes Yes	No No

Notes:

I understand that this form must be competed accurately, which may require that I call my insurance company **PRIOR** to my first visit, and that it is part of my medical record. I also understand that if I do not fill out this form to completion, claims for infertility treatment will not be sent to my insurance as Henry Fertility will assume I do not have infertility benefits on my policy.

Patient Signature   Date

9/18