

To insure that you receive your full insurance benefits, please answer the following questions. If you are unsure of the answers, use your insurance policy book, contact the insurance department at work or call the number on your card. (\*Get the name and number of anyone you talk to!) This information is needed to deal with your insurance company. It is also important that you bring your insurance card(s) when If you have insurance that requires us to file (usually a PPO, POS, or HMO policy), please answer all the questions below. If you plan to file for the doctor's services yourself (traditional insurance) answer only down to the double line. If you have two insurances, please notify the receptionist.

Name of Insurance Carrier \_\_\_\_\_ Insurance Network \_\_\_\_\_

Phone number of Carrier (\_\_\_\_\_) \_\_\_\_\_ Precertification# (\_\_\_\_\_) \_\_\_\_\_

Please fill out the information below on the primary policy holder. This may be a spouse, parent or you.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Group no. \_\_\_\_\_ Policy no. \_\_\_\_\_ ID/Badge no. \_\_\_\_\_

Is there a secondary insurance? **Yes No** Will it pay what the primary insurance doesn't? **Yes No**

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Are "well woman" exams (i.e. routine yearly no problem exams) covered under your plan? **Yes No**

Are Pap smears and labs covered as preventive medicine? **Yes No**

Does the policy cover "illness visits" (i.e. if a diagnosis is given or a problem treated)? **Yes No**

Can you be seen more than once in a year for this same problem? **Yes No**

Is a referral needed from a primary care MD (i.e. P.C.P.) for you to see an OB-GYN? **Yes No**

If so, what is your initial referral number? \_\_\_\_\_

Does the plan have a co-pay to the doctor? **Yes No** If so, what amount \$ \_\_\_\_\_

Is there a deductible that must be met before you just have to pay a co-payment? **Yes No**

Is there a co-pay for well woman visits? **Yes No** Is there a co-pay for illness visits? **Yes No**

Is there a separate co-pay for lab or office procedures? **Yes No**