

Insurance Verification Form

Henry Fertility

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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.

We do not accept walk-ins. We require 24 hours notice.

**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?	Yes Yes	No No

****This test is not for infertility treatment and will have a medical diagnosis. This is a diagnostic test.****

Notes:

I understand that this form must be completed 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