

Primary Insurance Company: _____

Telephone: _____

Member ID# _____

Group # _____

Primary Policy Holder: _____

Insurance Information

IN NETWORK COVERAGE

1. Is this a PPO, EPO, POS, or HMO? _____

Do you need a referral to see specialists? _____

What is your copayment for:

Primary doctor _____

Specialist _____

Emergency room _____

In-patient hospital _____ is it Per Admission or Per Day (circle one)

Out-patient services _____ (facility, surgical center)

Diagnostic services _____ (Ex. MRI, X-Ray, CT scan)

Do you have an In-Network Deductible and/or Co-insurance ? _____

If yes, what is your deductible for: Single _____ Family _____

What is your co-insurance for: Single _____ Family _____ D

Do you have out-of-network coverage?

If yes, what is your deductible for: Single _____ Family _____

What is your co-insurance for: Single _____ Family _____

What is your UCR percentage allowed (usual customary and reasonable)? _____

(For example: 80/20; 70/30)

2. Name of Secondary Insurance (if applicable) _____

3. Do you have pharmacy coverage? _____

Precertification is usually required for ALL services that are not considered "office visits"

Referrals to Insurance specialists and advocates are available upon request

Make sure to never have a lapse in insurance