

How do I check my insurance benefits?

Patient Name _____ Patient phone # _____ DOB _____
Insurance Company _____ Insurance ID# _____
Group # _____ Eligibility/Claims phone # _____
Subscriber's Name _____ Subscriber's DOB _____

Great Lakes Plastic and Hand Surgery will happily bill your insurance for your visit; however, it is the patient's responsibility to be aware of her/his coverage and co-pay, as well as any deductible and maximums. Please follow steps 1-8 when calling to find out benefits and eligibility. Please check with each insurance carrier.

First, Call the number on your insurance card listed for customer service, benefits and eligibility, or subscriber services and ask the representative the following questions:

1. When did my *coverage begin and when is it valid thru?*

Beginning Date of Coverage _____ **Ending Date of Coverage** _____

Does my insurance plan follow a **Fiscal** or **Calendar** year schedule? _____

2. Do I need a *referral from my primary care physician (PCP)* for services?

Yes **No**

If you answered yes, please contact your primary care physician for the referral/authorization and have them fax it to our office prior to your appointment.

3. Is the doctor I want to see (Dr. Raghu Elluru or Dr. Scott Holley) an ***In-Network or Out-of-Network provider*** with my insurance? Please circle **In-Network** **Out-of-Network**

(Some insurance companies take discounts through affiliated networks)

4. If the doctor is **In-Network**, what is the surgical deductible that must be met. \$ _____

Amount of Deductible met so far \$ _____ Covered % after deductible met _____

If the doctor is **Out-of-Network**, what is the surgical deductible that must be met \$ _____

Amount of Deductible met so far \$ _____ Covered % after deductible met _____

5. Is an office visit a covered benefit? **Yes** **No** If you circled yes, please answer question 6

6. Is there a copay per **visit** ? **Copay amount** \$ _____

7. Do you have any preexisting clauses with your insurance carrier ? **Yes** **No** If you circled yes, is there a date that you would be eligible for insurance coverage. **Date** _____

8. Do I need to update my coordination of benefits information ? **Yes** **No**

If you circled yes, please update that with your insurance representative.

9. What was the *name of the representative* I spoke with _____ **Date** _____

Please bring this form with you to your appointment. If you have trouble getting the information you need, please feel free to call the office for assistance. Thanks so much!

*Please be aware that this is not a guarantee of payment. If an insurance company gives you inaccurate information they may not honor the benefits that were quoted.