



**Questions for Your Insurance Company**  
**All questions must have an answer**

Today's date: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Deductible for office services: \$ \_\_\_\_\_ Co-Insurance for office services: \_\_\_\_\_ %

Copayment for office services: \$ \_\_\_\_\_ Out of pocket \$ \_\_\_\_\_

- 1.) Does my plan have benefits for fertility testing? \_\_\_\_\_
- 2.) Does my plan have benefits for fertility treatment? \_\_\_\_\_
- 3.) Does my plan cover fertility treatment procedures such as insemination (CPT code 58322) \_\_\_\_\_
- 4.) Does my plan cover In- Vitro Fertilization (CPT code 58970 & 58974)? \_\_\_\_\_
- 5.) What is EXCLUDED in regards to fertility? \_\_\_\_\_
- 6.) Are fertility specialty self-administered injectable medications covered under my prescription drug card or my health plan? \_\_\_\_\_
- 7.) Fertility self-injected medications such as; Follistim, Ovidrel, Menopur or Lupron are normally considered specialty drugs. \_\_\_\_\_
- 8.) What pharmacy must I use for the above medications? \_\_\_\_\_
- 9.) What services would require a prior approval? \_\_\_\_\_ What is the prior approval department phone number # \_\_\_\_\_ what is the fax number# \_\_\_\_\_
- 10.) Does my plan have a fertility dollar maximum benefit (such as \$10,000, \$15,000, etc.) or is it a number of attempts? \_\_\_\_\_
- 11.) Is donor sperm and/or egg donor covered? \_\_\_\_\_ Is sperm or embryo freezing? \_\_\_\_\_
- 12.) Where would I find the medical necessity for Preimplantation Genetic Screening#81228 \_\_\_\_\_
- 13.) Do I have Out of Network benefits? \_\_\_\_\_

If you have questions you may contact Monica, our financial coordinator, at 515 -222 -3060 ext. 103 or email her at [monica@midiowafertility.com](mailto:monica@midiowafertility.com)