

PLEASE CONTACT YOUR INSURANCE COMPANY PRIOR TO YOUR APPOINTMENT TO RECEIVE A QUOTE OF BENEFITS. BRING THIS COMPLETED FORM ALONG WITH COMPLETED PATIENT REGISTRATION FORMS TO YOUR INITIAL APPOINTMENT.

Questions for Your Insurance Company

Today's date _____ Name of Contact _____

What are my fertility benefits?

What is excluded?

Does my plan cover fertility testing?

Does my policy cover fertility treatment procedures such as insemination (CPT code #58322) or in vitro fertilization (CPT code #58970 & 58974)?

If I use fertility medications such as self-administered injectables medications would they be covered under my prescription drug card plan or my health plan? If from my health plan does this mean I pay upfront at the pharmacy and then be reimbursed from the insurance company?

Fertility self injectibles such as; Follistim, Ovidrel, Repronex or Lupron are normally considered specialty drugs. Do I need to use a mail order for these?

If I move forward with treatment all services will take place in an office setting, what services require prior approval?

Does my plan have a fertility dollar maximum benefit or is it a number of attempts?

Are donor sperm and/or egg options covered? How about coverage to freeze sperm or embryos?

Do I have benefits for genetic testing? Codes #83894, #83900, #83901, #83912, #88230, #88262 and #88291 will be billed.

With this completed form our financial department can assist you with your estimated out of pocket for proposed treatment once we have a quote of benefits from your insurance company. Be sure to save a copy of this form for yourself!

You may contact Monica, our Financial Coordinator at (515) 222-3060 or email her financial@midiowafertility.com