



Extraordinary care Extraordinary results

Insurance Benefit Information

Please review with your insurance company

INCOMPLETE FORMS WILL DELAY SCHEDULING YOUR FINANCIAL VISIT

****If your visit is not fertility related you do not need to answer questions 1-9 below****

Today's date: ___ / ___ / ___	Date of Birth: _____	Ins ID# _____
Patient Name: _____	Subscriber Name: _____	
Insurance Name: _____	Ref # for call: _____	
Deductible for office services: \$ _____	Out of pocket maximum: \$ _____	
Coinsurance for office services: _____ %	Copay for office services: \$ _____	
Do I pay deductible AND co-insurance for services received in an office setting		<input type="checkbox"/> yes <input type="checkbox"/> no

- 1.) Does my plan have benefits for diagnostic fertility testing? yes no
- 2.) Will my plan cover insemination CPT code #58322 yes no
- 3.) Will my plan cover In-Vitro Fertilization codes:
 - Oocyte Retrieval (58970) yes no
 - Embryo Transfer (58974) yes no
 - Freezing sperm? (89343) yes no
 - Freezing embryos? (89258) yes no
 - Thawing embryo(s) (89352) yes no
- 4.) Donor sperm services covered? yes no Donor egg services covered? yes no
- 5.) What services require a prior approval:
 IUI #58322 IVF #58970 Embryo transfer #58974 None
- 6.) Do I have a fertility dollar maximum benefit (such as \$10,000, \$15,000, etc.) yes no
If yes, what is the max? _____
- 7.) Chromosome testing for myself or partner? CPT code #88262 & #88230 yes no
If yes, do these codes need Prior Approval? yes no
- 8.) Self-injectable medication Menopur Ovidrel, Follistim or Gonal F should be ordered at:
 HyVee Mail Order CVS Freedom Other _____
- 9.) Does my plan have any exclusions regarding my fertility benefits: yes no
If yes, what are they?

Contact Monica at 515.348.6593 or monica@midiowafertility.com to schedule your IVF Financial Appointment