

G Hassan N. Fanous, M.D.
Insurance Verification Form

Revised 03/10/09

Patient Name:	Patient Date of Birth:	Verified by / date:
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Name of Insurance Company:	Insurance Company phone number:	Insurance representative:
Policy Number:	Group Number:	Policy Effective date:
Insurance policy holder's name:	Insurance policy holder's SSN:	Policy holder's date of birth:

Individual Deductible:	Out of Pocket Max:	
Amount Met:	Amount Met:	

If patient is over the age 18 and a dependent on the policy, does she need to be a full time student? Yes No

Does this policy have Well Woman Exam coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____ Does this policy have a deductible for Well Woman coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this policy have a calendar year maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much per year? \$_____ How much as been used? \$_____ How often can this patient have an Well Woman exam? <input type="checkbox"/> Once per calendar year <input type="checkbox"/> once per 365 days
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Does this policy have coverage for a problem visit ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay, <input type="checkbox"/> 90% <input type="checkbox"/> 80%, or _____ Does this policy have a deductible for problem visits? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does this policy have coverage the Flu Vaccine (90658)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the Tetnus Vaccine (90718)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the DTAP (Whooping Cough)(90715)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the Hep B Vaccine (90744)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the HPV Vaccine (90649)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have a calendar year maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much per year? \$_____ How much as been used? \$_____ Does a deductible have to be met? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, deductible amount \$_____ What is met? \$_____

Is Clinical Pathology Lab (CPL) an "In-Network" lab? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what lab is "In-Network"? _____
Does this policy have coverage for routine labs billed with an office visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____ Does a deductible have to be met? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, deductible amount \$_____ What is met? \$_____
Does this policy have coverage for routine labs billed without an office visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____ Does a deductible have to be met? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, deductible amount \$_____ What is met? \$_____

Does this policy have coverage for **non-routine** labs billed **with** an office visit? ___ Yes ___ No
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____ Revised 03/10/09
Does a deductible have to be met? ___ Yes ___ No If Yes, deductible amount \$ ___ What is met? \$ _____

Does this policy have coverage for **non-routine** labs billed **without** an office visit? ___ Yes ___ No
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____
Does a deductible have to be met? ___ Yes ___ No If Yes, deductible amount \$ ___ What is met? \$ _____

Does this policy have coverage for **In-office surgery**?
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____
Does a deductible have to be met? ___ Yes ___ No If Yes, deductible amount \$ ___ What is met? \$ _____

Does this policy have coverage for **Contraception**...

Depo-Provera (J1055) ___ Yes ___ No
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____

IUD device (J7302)? ___ Yes ___ No
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____
Does a deductible have to be met? ___ Yes ___ No If Yes, deductible amount \$ ___ What is met? \$ _____

IUD insertion (58300) covered? ___ Yes ___ No
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____
Does a deductible have to be met? ___ Yes ___ No If Yes, deductible amount \$ ___ What is met? \$ _____

IUD removal (58301) covered? ___ Yes ___ No
If so, how is it covered? ___ 100% with a \$ ___ Copay; ___ 90% ___ 80% or _____
Does a deductible have to be met? ___ Yes ___ No If Yes, deductible amount \$ ___ What is met? \$ _____

Is Odessa Regional Medical Center (Tax ID: 62-1795574) an "In-Network" hospital? ___ Yes ___ No
Is Medical Center (Tax ID: 75-2302928) an "In-Network" hospital? ___ Yes ___ No