

PLEASE CALL YOUR INSURANCE COMPANY TODAY.

As you are probably aware, coverage under most health insurance policies HAS CHANGED. In an effort to assist our patients in understanding their insurance coverages, we have defined the following as **questions that you should ask** your insurance company. Whether you have a new insurance company (or you have had the same insurance plan for years), these questions should be asked TODAY to determine any changes in coverage. These are only a few suggestions, so please ask any other question you may have when you make the call.

1. What is my effective date? _____

2. If I have coverage with more than one insurance, which insurance is primary?

Which is secondary?

Which company is the primary for my child if both myself and spouse have coverage?

3. Is my insurance an HMO, POS, PPO or indemnity? What does this mean?

4. Do I have out of network benefits? _____

5. Does my insurance require written referrals to specialists? _____

6. Do I have a deductible? _____ What does that mean to me, and how much has been met?

What is the deductible for?

7. Will I have co-insurance amounts due over and above my copay? _____
If yes, what are those amounts? _____

8. What is my office visit copay? _____

9. Do I have preventive/well woman coverage? _____
Is there anything that is NOT covered?

10. How often can I have a preventive physical/well woman visit? _____

11. Is there a copay for preventive physical/well woman visit? _____

12. Is there a cost limit on my preventive coverage? _____
If so, how much? _____

13. Is there a copay if I have labs or procedures done without seeing the physician or physician assistant? _____

14. Do I have coverage for screening tests? (Colonoscopy, stress test, labs, mammograms, bone density testing, EKG, etc.) If so, what is the rate at which these tests are covered?

15. Is there a cost limit on my preventive coverage? _____
If so, what is that limit? _____

16. Do I have coverage for preventive immunizations? _____
Travel immunizations? _____
Is there a co-pay when I go to the doctor for immunizations only? _____

17. What pre-existing conditions are NOT covered by my insurance?



NOTE: Medicare patients should find out when co-payments apply, especially when Medicare is offering a particular health service/exam.