

Our goal at Seattle OB/GYN Group is to help you understand your insurance plan and your financial responsibility for your care. We request that you contact your insurance company regarding your maternity benefits. **Please complete this form and return to our office at your next visit.**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Group#: \_\_\_\_\_

Phone # (customer service) \_\_\_\_\_

You can obtain the following insurance information by contacting your insurance company's customer service department. Name of Customer service representative: \_\_\_\_\_

Date eligibility began: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Co-insurance: % \_\_\_\_\_

Does your insurance plan cover ultrasounds? Are there any limitations? \_\_\_\_\_

Do they require preauthorization for ultrasound? \_\_\_\_\_ or amniocentesis? \_\_\_\_\_

Does your insurance plan require preauthorization for your hospital stay at Swedish Hospital? \_\_\_\_\_

**\*If at any time your insurance coverage changes during your pregnancy please inform us immediately.**

Because circumcision for a baby boy is a separate charge from maternity care, and not always covered by insurance we would like you to get the following information in addition to the above. **\*If you are using your partner's insurance plan for baby boy to include this procedure, please be sure to give us all the billing information for the alternate plan.\***

Is circumcision a covered benefit for baby boy? \_\_\_\_\_ Procedure code **54150** Diagnosis code **V50.2**

Does baby boy need to be added to plan prior to circumcision? \_\_\_\_\_

Do they require preauthorization for circumcision? \_\_\_\_\_ Phone # for pre-auth \_\_\_\_\_

Is there a separate deductible for baby's charges? \_\_\_\_\_

What is the % paid when procedure done at hospital? \_\_\_\_\_

What is the % paid when procedure done at our office? \_\_\_\_\_

**I am not interested in this procedure if I have baby boy** \_\_\_\_\_

Thank you very much for taking the time to complete this form so we can better assist you.

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_