

IUD BENEFIT INFORMATION

Patient Information Needed Prior To Calling Insurance Company

Name:		Date of Birth	
Primary Insured/Responsible Party		Insured's Policy # & Group #:	
Insurance Company Name		Insurance Company Phone #:	

Benefit Information for IUD

Procedure	Description	Code
Intrauterine Device (IUD) Coding*	ParaGard (hormone free)	J7300
	Mirena (device contains hormones)	J7302
Office Visit Coding**	Office Visit Fee	99213
	Insertion Fee	58300
	Removal Fee	58301

**IUD may be covered as a prescription or as a medical device. Please check these codes with your Prescription Plan as well as with your Medical Plan.*

***These codes are processed only thru your Medical Plan. If you currently have an IUD and will be replacing your device, you will be required to provide both the Insertion Code and Removal Codes.*

Basic Benefit Information

Date & Name of Ins Rep.			
How much is the co pay for a Specialist Office Visit?	\$	Do I have a deductible? Yes / No	
Have I met my deductible? Yes / No	What is my Remaining Deductible to be met \$	If deductible is met, what % will my insurance cover? %	
What is my out of pocket maximum? \$	Is the IUD subject to my deductible or out of pocket***? Yes / No	Is the office visit subject to my deductible or out of pocket? Yes / No	Is the insertion fee subject to my deductible or out of pocket? Yes / No

*****If IUD is subject to deductible and deductible has not been met, a copayment will be collected at the time of service. The copayment may cover the full cost of the device, but will not be greater than the remaining deductible to be met. We do not provide payment plans for an IUD, nor is the device discounted. Any amount that is subject to the deductible must be paid in full prior to insertion of the device. This payment will be included on the claim submitted to your insurance. After your insurance processes the claim, you may receive a bill for the remaining balance due or we will issue a credit, if applicable.**

Please read and sign the appropriate statement below:

I have verified my insurance benefits for the above IUD. _____
Signature Date

I have not verified my insurance benefits for the above and I am willing to proceed without verification. I understand I am responsible for the cost of requested device in full at the time of the visit. I also understand that I am responsible for any charges incurred that are not covered by my insurance company.

Signature Date