

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 questions 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 doctor (PCP) office visit copay? _____
Specialist office visit copay? _____ Is my OBGYN treated as a specialist if I only go for my annual gynecological visit? _____

9. How often can I and/or family members have a preventive physical/well woman exam/well child visit? _____ According to your records, when did I and/or my family members last have these types of exams? _____

Is there a copay for a preventive physical/well woman exam/well child visit? _____ How much? _____

When I and/or family members have a preventive physical/well woman exam/well child visit, is there anything that is NOT covered?

How much do I have to pay? _____

10. Is there a cost limit, coinsurance or deductible on my preventive coverage? _____ If so, how much? _____

11. Is there a **copay, coinsurance or deductible** if I have labs or procedures done without seeing the physician or physician assistant? _____
What if the procedures or lab work occur on a day(s) before or after my appointment? _____

12. 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?

13. Do I have coverage for preventive immunizations? _____ Travel Immunizations? _____
Is there a co-pay when I go to the doctor for immunizations only? _____ For children, is there an annual cost limit for preventive immunizations? _____ If yes, how much? _____

14. 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.