

**Insurance Worksheet**

Moonbelly Midwifery, LLC

**Mary Burgess, LM, CPM, MA**

360.510.0188 FAX: 844-411-7474

maryburgess555@gmail.com

**Insurance Worksheet**

Here are some questions to help you find out your benefits from your insurance company.

Primary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subscriber #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policyholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policyholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co. Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Call the number on the back of your insurance card.
2. Ask the name of the person you are speaking with and write down the date you called:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do I have maternity coverage? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
2. How much will they pay for global OB care (CPT code 59400)? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How much of that am I responsible for? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is my deductible? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is my maximum out-of-pocket amount? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What is my co-pay at office visits (not prenatal visits)? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Will an OB ultrasound or other diagnostic testing be paid for or do all these charges go toward the deductible (meaning you pay for it)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Will lab work be paid for during pregnancy or does it apply toward the deductible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. How long is the baby covered under the mother’s policy after it is born? \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do I have to do to be sure my baby is covered by insurance after it is born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do I have preventative coverage for physicals and Paps? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
3. How often will my insurance pay for a physical and Pap? Every year? Every other year? At the end of each pregnancy? Or? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Insurance Worksheet is not a guarantee of your benefits, but is a helpful guide.

Please bring a copy of this to your next appointment and keep a copy for yourself.

I work with a professional medical biller to help assist you with your insurance, co-payments, etc. Established clients of Moonbelly Midwifery, LLC, with further questions about their insurance, co-payments, or who wish to confirm benefits, can call Ingrid Skjelstad at (360) 632-4435 or islandbilling@gmail.com.