

## PATIENT WORKSHEET FOR CONTACTING INSURANCE COMPANY

**The following questions are suggested** in order to find out how your insurance company will cover allergy treatment in our office. When contacting your insurance company, it is important to have your medical insurance card out, as the insurance company will need this in order to assist you.

- 1. Is the provider (physician) you are seeing at our office a contracted provider with your insurance company? YES\_\_\_\_ NO\_\_\_\_ *If no, then your coverage may be limited.*
- 2. Are there pre-existing limitations? YES\_\_\_\_ NO\_\_\_\_ If yes, then you may not be eligible for coverage until the pre-existing waiting period ends. You will want to clarify this pre-existing clause with your insurance company.
- 3. Does your insurance company require your family practice physician to refer the patient to our practice? YES\_\_\_\_ NO\_\_\_\_\_ If yes, then you will need to contact your family physician for this referral.
- 4. We are a specialist office. Is a specialist office visit subject to: Deductible? YES\_\_\_\_\_ NO\_\_\_\_\_ Co-pay? YES\_\_\_\_\_ NO\_\_\_\_\_
- 5. Is allergy testing (CPT Code 95004) subject to: Deductible? YES\_\_\_\_\_ NO\_\_\_\_\_ Co-pay? YES\_\_\_\_\_ NO\_\_\_\_\_
- 6. Is there a limit as to the number of allergy tests that can be done on a given date? YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, how many tests are allowed? What is the time frame?
- 7. What is the expected patient's financial responsibility for this new patient office visit and the allergy testing?
- 8. Does your insurance company have a drug prescription formulary? YES\_\_\_\_\_ NO\_\_\_\_\_
- 9. What is the name of the person who provided the benefit information?

NAME\_\_\_\_\_ DATE\_\_\_\_\_

Please bring this worksheet to your first visit.

Thank you,

The Allergy and Asthma Center, PC