OB-GYNE ASSOCIATES OF LAKE FOREST

IUD VERIFICATION FORM

Account # _____ Date of Birth: _____

Patient Name: _____

Insurance Carrier: _____ Effective Date: _____

Policy#: _____ Group#: _____

****PLEASE COMPLETE THIS FORM WITH YOUR INSURANCE COMPANY & RETURN IT TO THE OFFICE AT LEAST 2 WEEKS PRIOR TO SCHEDULING YOUR APPOINTMENT - FORMS CAN BE FAXED TO OFFICE AT 847-234-7765****

IUD CODES: ☐ J7298 MIRENA (5YRS) ☐ J7300 PARAGARD (10YRS) ☐ J7301 SKYLA (3YRS)

☐ J7296 KYLEENA (5YRS) ☐ J7297 LILETTA (3YR ☒ A4550 - SURGICAL TRAY
(USED FOR ALL IUDS)

☐ 76998 ULTRASOUND GUIDANCE FOR IUD

PROCEDURE & DIAGNOSIS CODES:

☐ 58300 IUD INSERTION & ☐ Z30.430 IUD INSERTION ☐ 58301 IUD REMOVAL & ☐ Z30.432 IUD REMOVAL

1. Is the doctor In-Network with my Policy? ☐ Yes ☐ No

☐ Dr. Hubbell ☐ Dr. Holden ☐ Dr. Huang ☐ Dr. Heiberger ☐ Dr. Oh ☐ Dr. Tart

2. If the doctor is Out-Of-Network, do I have Out-Of- Network Benefits? ☐ Yes ☐ No

3. Are the above codes covered under my Policy? ☐ Yes ☐ No

4. If the codes are not covered, I ***will*** be responsible for the balance. (Please initial) _____

5. Is Pre-Authorization required? ☐ Yes ☐ No

6. How do I get the services Pre-Authorized: _____

_____

7. Is above IUD covered under my: ☐ Medical Benefits ☐ Pharmacy Benefits

8. Does this IUD have to be ordered through my Specialty Pharmacy? ☐ Yes ☐ No

Name: _____

Address: _____

Phone# _____

Ask for a Call Reference # from Insurance Rep. _____

Patient Signature: _____ Date: _____

****If you need to reschedule or cancel your procedure, you must do so within 48 hours of your scheduled appointment to avoid being charged****