

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

X 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 insurance denies charges, 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****