

BEYOND GYNE HEALTH

IUD VERIFICATION FORM

Account #: _____

Date of Birth: _____

Patient Name: _____

Insurance Carrier: _____

Effective Date: _____

Group #: _____

ID/Subscriber #: _____

****PLEASE COMPLETE THIS FORM WITH YOUR INSURANCE COMPANY & RETURN IT TO THE OFFICE. APPOINTMENTS WILL NOT BE SCHEDULED UNTIL COMPLETED FORM IS RECEIVED - FORMS CAN BE FAXED TO OFFICE AT 847-234-7765 OR RETURNED VIA PATIENT PORTAL****

IUD CODES: ☐ J7300 PARAGARD (10YRS) ☐ J7301 SKYLA (3YRS) ☐ J7296 KYLEENA (5YRS) ☐ J7297 LILETTA (8YRS)

☐ 76998 ULTRASOUND GUIDANCE FOR IUD INSERTION

☒ A4550 - SURGICAL TRAY
(USED FOR ALL IUDS)

PROCEDURE & DIAGNOSIS CODES:

☐ 58300 IUD INSERTION & ☐ Z30.430 IUD INSERTION

☐ 58301 IUD REMOVAL & ☐ Z30.432 IUD REMOVAL

1. Is the provider in-network with my policy? ☐ Yes ☐ No Group NPI: 1417093808
☐ Dr. Heiberger ☐ Dr. Oh ☐ Dr. Tart ☐ Elizabeth Bail, APN ☐ Alexandra Michel, CNM

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****