

F R E D B L O E M , M . D .

## QUOTE OF BENEFITS FORM

This Quote of Benefits Form will help us determine what your insurance benefits are and consequently, what your out-of-pocket costs will be. Please complete the information in Part One. Part Two is for you to fill out as you speak to your insurance provider representative.

### Part One

Patient Name:

Patient Date of Birth:

Insured's Name:

Insured's Date of Birth:

Insured's Social Security #:

Insured's Zip Code

Insured's Employer:

Insurance Company Name:

Insurance Company Phone Number:

Policy ID #:

Policy Group #:

### Part Two

#### ***Telephone Script to Call Your Insurance Company***

Tell the insurance company representative: "Hi, my name is \_\_\_\_\_ and I am calling to obtain a quote of benefits for my insurance plan. My first question is:

"Is my insurance policy considered a PPO plan?" YES or NO.

If NO, unfortunately HMOs do not reimburse fees that are associated with my medical services.

However, they may pay for laboratory testing. Ask: "Does my insurance policy pay for laboratory testing that was ordered at a participating laboratory company (e.g., Quest Diagnostics or LabCorp) by an out-of-network physician?"

If YES, and you have a PPO you will be considered out of network. Proceed to Part Three on the next page.

### Part Three - Out-of-Network PPO Plans

Tell the representative: "I would like a quote of benefits for an OUT-OF-NETWORK sick medical office visit with a family practice doctor."

Today's date and time: \_\_\_\_\_

I spoke with: \_\_\_\_\_

What is my effective date of coverage? \_\_\_\_\_

Do I have a deductible? Y  - N  If yes, how much is my deductible? \_\_\_\_\_

How much of my deductible has been met so far? \_\_\_\_\_

When does my deductible renew? \_\_\_\_\_ Calendar or policy year?

What is my maximum out of pocket? \_\_\_\_\_

Has anything been applied to my out of pocket? \_\_\_\_\_

What is the percent of coverage for in-office diagnostic lab work? \_\_\_\_\_

At what percentage are my claims paid? \_\_\_\_\_

(Example: If you are covered at 80%, your insurance company will pay 80% of what they consider a "usual and customary fee" for the type of medical services that you will receive. This will be based on the diagnosis codes (ICD-9) and procedure codes (CPT) that are printed on my billing statements.)

What is the mailing address for sending claims?