**Mid-Iowa Fertility**

**Questions for Your Insurance Company**

**All questions must have an answer**

**Today’s date: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deductible for office services: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Insurance for office services: \_\_\_\_\_\_%**

**Copayment for office services: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Out of pocket $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Does my plan have benefits for fertility **testing**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does my plan have benefits for fertility **treatment**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does my plan cover insemination (CPT code 58322)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Does my plan cover In- Vitro Fertilization (CPT code 58970 & 58974)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **What is EXCLUDED** in regards to fertility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Who is the Specialty Pharmacy for medications; Follistim, Ovidrel, Menopur or Lupron?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Do these medications require prior approval?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the phone number for my Specialty Pharmacy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What services would require a prior approval? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the prior approval

department phone number #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_what is the fax number#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does my plan have a fertility dollar maximum benefit (such as $10,000, $15,000, etc.) or is it a number of attempts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is donor sperm and/or donor egg covered? \_\_\_\_\_\_\_\_\_\_\_\_Egg donor medications?\_\_\_\_\_\_\_\_
3. Freezing sperm?\_\_\_\_\_\_\_\_ Freezing embryos?\_\_\_\_\_\_\_\_\_\_\_Thawing embryo(s)?\_\_\_\_\_\_\_\_\_\_\_
4. Chromosome testing for myself or partner? CPT code #88262 & #88230\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Preimplantation Genetic Screening of **embryo(s**) CPT code #81228 & #81479\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do I have Out of Network benefits?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have questions you may contact Monica, our financial coordinator, at 515 -222 -3060 ext. 103 or email her at [monica@midiowafertility.com](mailto:monica@midiowafertility.com)