

Mid-Iowa
FERTILITY
Extraordinary Care...
Extraordinary Results

Insurance Questionnaire

Please contact Whitney or Monica to discuss your estimated out of pocket cost for services at our office. Questionnaire must be completed in its entirety. Failure to complete this form may cause a delay in response to provide your cost estimates.

Whitney@Midiowafertility.com

Monica@Midiowafertility.com

Today's Date: _____

Patient Name: _____

Patient DOB: _____

Insurance ID #: _____

Insurance Name: _____

Insurance Phone Number: _____

Reference Number for Call: _____

Deductible: \$ _____

Out of pocket max: \$ _____

Coinsurance: _____%

Copay: \$ _____

Does my policy bill deductible and/or coinsurance for services received in an office setting: Yes or No

Please answer Yes or No for the following:

Does my plan have fertility testing benefits? _____

Does my plan have fertility treatment benefits? _____

- Is there a lifetime max or number of attempts? _____

- If yes, do fertility drugs pull from lifetime max? _____

Does my plan have egg donor benefits? _____

Does my plan have sperm donor benefits? _____

Are the following CPT codes payable benefits?

58322 -Insemination: _____

89261 – Sperm Wash: _____

58970 – Egg Retrieval: _____

58974 – Embryo Transfer: _____

89290 - Embryo Biopsy: _____

89352 – Embryo Thaw: _____

89258 – Embryo Freeze: _____

89343 – Sperm Freeze: _____

88230 & 88262 – Chromosome testing: _____

81422 – Y Micro deletion: _____

Do any of the above CPT Codes require a Prior Authorization: (please list):

What are the exclusions listed under my fertility benefit (please list):

Who is the Specialty Pharmacy vendor for self-injectable fertility medications?

CVS Caremark

HyVee Pharmacy Solutions

Express Scripts

Freedom Fertility

OptumRX

Other: _____

Pharmacy Phone Number: _____

Are the following medications covered?

Follistim : _____

Gonal F: _____

Menopur: _____

Ovidrel: _____

Cetrotide: _____