

# CALLING YOUR INSURANCE 'WORKSHEET'

Print this page to make sure you ask all the right questions.

Have these ready before you call: Your name, your insurance ID, your date of birth

**Name of representative** (ask for spelling): \_\_\_\_\_ **Date:** \_\_\_\_\_

**What is my plan category?** (circle one): HMO PPO EPO POS HSA

**Is it a family or an individual plan?** (circle one): family or individual

**What is the funding type?** (circle one): fully-funded self-funded federally funded

**What state is my plan based in?** \_\_\_\_\_

**Are NY State mandates followed?** YES NO

**Is homebirth:** included excluded not mentioned

**Are midwifery services:** included excluded not mentioned

**Are there homebirth providers in my network?** YES NO

**Is pre-authorization required for maternity services?** YES NO

**Is a gap request or in-network exception allowed?** YES NO

**What is the allowable amount for procedure code 59400 in (zip code)?** \$ \_\_\_\_\_

**What is my co-insurance** (for both in & out of network)? In: \_\_\_\_\_% Out: \_\_\_\_\_%

**What is my deductible** (for both in & out of network) In: \$ \_\_\_\_\_ Out: \$ \_\_\_\_\_

**What is my annual out of pocket maximum?** In: \$ \_\_\_\_\_ Out: \$ \_\_\_\_\_

**Does the deductible and/or co-insurance payments pay into/help meet my out of pocket maximum?** YES NO

**Reference number** for phone call: \_\_\_\_\_