



## Verifying Insurance Benefits Before Your Visit

### INFORMATION YOU WILL NEED BEFORE CALLING YOUR INSURANCE:

- 1) Name, Date of Birth, Social Security #
- 2) Name of Insured, their DOB, and Social Security #
- 3) Insurance Company name & phone # or website (this information can usually be found on the reverse side of your card or through insurance website)

### QUESTIONS FOR THE INSURANCE REPRESENTATIVE:

- 1) Name of representative: \_\_\_\_\_
- 2) Time and date of conversation: \_\_\_\_\_

Are Tom Putaansuu, M.Ed. or Rebecca Mooney, Au.D. an “in-network” provider? \_\_\_\_\_

If Tom Putaansuu, M.Ed. and/or Rebecca Mooney, Au.D. are an “out-of-network” provider, how much do you reimburse for out-of-network providers? \_\_\_\_\_ %

Is diagnostic comprehensive hearing evaluation a covered service? \_\_\_\_yes \_\_\_\_no

Do you have hearing aid benefits? \_\_\_\_yes \_\_\_\_no

What is the maximum allowed amount for hearing aids: \$ \_\_\_\_\_ every \_\_\_\_\_ months/years.

Do you need a doctor’s referral for:

- 1) Diagnostic comprehensive hearing evaluation \_\_\_\_yes \_\_\_\_no
- 2) Hearing aids \_\_\_\_yes \_\_\_\_no

Where are claims sent?

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

What is your copay for office visit and deductible and how much of it has been met?

- 1) Specialist copay \$ \_\_\_\_\_
- 2) Deductible \$ \_\_\_\_\_
- 3) Amount met in current calendar year \$ \_\_\_\_\_
- 4) If you have hearing aids benefits, does deductible apply to hearing aids \_\_\_\_yes \_\_\_\_no

What is your calendar year? Begins in \_\_\_\_\_