

Renaissance Women's Group

(GYN)

12201 Renfert Way Austin, Texas 78758

Patient Name:	Appointment Date:	Today's Date:
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Please bring this completed form with you to your next appointment

We are pleased you have chosen Renaissance Women's Group and look forward to providing consistent high quality medical care and related services to you. To avoid confusion about your insurance coverage we ask that you contact your insurance company prior to your next appointment to understand your specific plan benefits and coverage. Please be aware that we will bill you privately for any charges not covered by your plan, so time taken now on your part will eliminate unexpected expenses to you later. **This form is to be used as a guide when calling your insurance company regarding your benefits.**

Name of Insurance Company	Insurance Phone number for benefits	Insurance representative spoke with:
Insurance policy holder's name:	Policy holder's Social Security #:	Policy holder's employer's name:
Policy holder's date of birth: - - 19__ __	_____ - _____ - _____	Policy Effective Date: _____ - _____ - _____

To find out if RWG is a participating provider on your plan, give the insurance representative our Tax ID # 74-2760437

- 1). **What type of plan do I have?** HMO PPO POS Managed Care Indemnity
Verify with your insurance that the doctor you are scheduled with is a contracted provider (IN NETWORK) for your type of policy. If you are seen by a physician at RWG and you are out of network you will be responsible for the payment of these services to RWG. Please be aware that RWG may be contracted with your insurance but not for your plan type. For example, we are contracted with Cigna PPO but we are not a contracted provider for Cigna HMO, POS and Managed Care plans.

- 2). **Is Clinical Pathology Labs an IN-NETWORK Lab (Tax Id 74-2554159)?** YES NO...if not **what lab is in-network** _____

- 3). **Do I have Well Woman Exam coverage?** YES NO
 If so, how is it covered? 100% with a \$ _____ Copay, 90% 80% or _____
 Do I have a deductible for Well Woman coverage? YES NO If YES, deductible amount? _____ Met? _____
 Do I have coverage for Gardasil vaccine (HPV)? YES NO If YES, how will it be covered? _____ Is there an age limit?
 Do I have a maximum benefit for preventative? _____
 How often can I have an annual (frequency) ? _____

- 4). **Do I have coverage for a problem visit?** YES NO
 If so, how is it covered? 100% with a \$ _____ Copay, 90%, 80%, or _____
 Do I have a deductible for problem visits? YES NO If YES, deductible amount? _____ Met? _____

- 5). **Do I have coverage for Gynecological Ultrasounds?** YES NO
 If so, is a referral or authorization required? _____
 How is it covered? 100% with a \$ _____ Copay, 90%, 80%, or _____
 Do you have to meet a deductible? YES NO If YES, deductible amount? _____ Met? _____

- 6). **Do I have coverage for Central bone densitometry testing?** YES NO
 If so, how is it covered? 100% with a \$ _____ Copay, 90%, 80%, or _____
 Do I have a deductible for Bone density testing? YES NO If YES, deductible amount? _____ Met? _____

- 7). **If Contraception is relevant to you...**
 Do I have coverage for Oral Contraception? YES NO
Depo? YES NO **Diaphragm?** YES NO **Implanon?** YES NO
IUD? YES NO **IUD Insertion coverage?** YES NO **IUD Device coverage?** YES NO
 My responsibility is copay _____ coinsurance _____ deductible _____

If at any time, while you are a patient at **Renaissance Women's Group**, you change your PCP, insurance plan, or are informed of contract change, it is your responsibility to immediately inform our business office. **-THANK YOU -**

Revised 9/08