

Renaissance Women's Group (OB)

12201 Renfert Way Austin, Texas 78758

Patient Name:	Appointment Date:	Today's Date:
----------------------	--------------------------	----------------------

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: <hr/>	Policy holder's Social Security #: <hr/>	Policy holder's employer's name: <hr/>
Policy holder's date of birth: - - 19__ __	<hr/> - - -	Policy Effective Date: <hr/> - - -

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 that 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 contracted with Cigna HMO, POS and Managed Care.

- 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 OB GLOBAL (antepartum, delivery and postpartum visit) maternity benefits?** ___YES ___NO
 If so, how is it covered? ___100% ___90% ___80% or _____
 Do I have a deductible to meet? ___YES ___NO If YES, deductible amount? \$_____ What is met? _____
The percentage that your insurance does not cover will be DUE to RWG by your second OB visit

- 4). **Does my delivery require pre-certification for my delivery?** ___YES ___NO
 If so, what is the phone number to call to obtain the pre-certification? _____

- 5). **Do I have coverage for all Ultrasounds done during my pregnancy?** ___YES ___NO
 If so, coverage? _____
 Is a referral or authorization required? ___YES ___NO

- 6). **Is North Austin Medical Center an in-network hospital on my plan (Tax Id 62-1516424)?** ___YES ___NO

- 7). Does my policy cover **permanent sterilization (tubal ligation)?** ___YES ___NO

- 8). **Is Circumcision covered by my plan?** ___YES ___NO
 If so, is **pre-certification** required for circumcision? ___YES ___NO
 If so, what is the phone number to call? _____

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 -