

BENEFIT VERIFICATION FORM

WHEN YOU ADD YOUR CHILD TO YOUR INSURANCE, ASK THE FOLLOWING QUESTIONS:

Please take a moment to call your insurance company **before your next visit** so that we can better serve you. If we know ahead of time that well (preventive) visits and immunizations are not a covered benefit we can give your child immunizations for free at our office through the Texas Vaccine for Children program.

Please understand that although you will not be responsible for the cost of the vaccines, which can range from \$42.00 to \$145.00 each, you will be responsible for the administrative cost/fee of \$10.00 per injection/shot (this fee is equal to that charged at the Texas Department of Health). The administration fee will be due at the end of your office visit.

****Ask the following questions and bring this form back to us at your next visit. ****

Date of Verification: _____

Name of Patient: _____ DOB: _____

Name and phone number of Insurance Company: _____

Who am I speaking with? _____

Has the child been added to the policy? Yes No Effective Date: _____

Is there an individual deductible? Yes No How much per year? _____ \$'s Met so far? _____

Is there a family deductible? Yes No How much per year? _____ \$'s Met so far? _____

Are there any limitations on Office/Sick Visits? _____ Co-pay Amount? _____

Are Well Visits covered? YES / NO

How many per year? _____ (**NOTE-** there is now a 2½ year Well Visit)?

Co-pay/Co-Insurance Amount? _____ Up to what age? _____

Is there a maximum benefit per year for well exams? _____

Are well exams limited based on calendar year or enrollment year? _____

Are labs covered in our office? _____ Is Clinical Pathology Labs in-network? _____

Are vaccines covered? YES / NO Age Limitations: _____

Who is the designated Primary Care Physician if **HMO** _____ ?

Are you interested in discussing the Texas Vaccine for Children program with someone from our office?
YES / NO

Do you need to receive immunizations through Texas Vaccine for Children if your insurance limits vaccine coverage? YES / NO

**** If this form is not returned on or before the Well Child visit, you have the option of paying for the visit and filing directly with your own insurance carrier, otherwise, we may have to reschedule your appointment.****

*****NOTE: WE DO NOT FILE SECONDARY INSURANCE. PLEASE PROVIDE INFORMATION ON PRIMARY ONLY. THE PRIMARY POLICY IS THE PARENT WHOSE BIRTHDAY COMES FIRST IN THE CALENDAR YEAR, NOT AGE OR YOUR CHOICE.*****