

ID:  
NAME:



# WEST COAST

## WOMEN'S SPECIALISTS

### MAKE SURE YOU ARE COVERED

Dear Patient:

By calling the phone number provided on your **medical benefit/insurance** card, you can determine whether or not you have coverage for an IUD device, insertion and/or removal. Your insurance company will provide any co-pay, co-insurance, benefit limitation or deductible amounts that you will be responsible for.

**\*\*\*Please remember to bring your insurance benefits form, refrain from intercourse for 10 days prior to your appointment, and to eat/drink prior to coming into the office.**

#### QUESTIONS TO ASK:

- 1) Representative I spoke with: \_\_\_\_\_
- 2) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3) Do I have medical insurance coverage for one of the below devices and for insertion/removal of device:  
IUD insertion: CPT CODE: 58300                      Skyla:                      J7301  
IUD removal: CPT CODE: 58301                      Liletta:                      J7297  
**\*\*USE BOTH ABOVE CODES**                      Kyleena:                      J7296  
**FOR REPLACEMENT**                      Mirena:                      J7298
- 4) Are there any restrictions or benefit limitations? YES      NO  
If yes, please advise: \_\_\_\_\_
- 5) Do I need a prior authorization or referral? YES      NO  
If yes, you need to contact West Coast Women's Specialists, to request 10 days prior to insertion.
  - i. Deductible amount remaining: \_\_\_\_\_
  - ii. Co-Pay                      \_\_\_\_\_
  - iii. Co-Insurance                      \_\_\_\_\_
- 6) Confirmation/Reference number of conversation: \_\_\_\_\_

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**Once you have spoken to your insurance company, you will need to contact our office to schedule your appointment OR to assist you in any pre-certification/referrals that need to be done. Please understand, benefit verification from your insurance company is not a guarantee of payment. If the information received by you from your insurance company is incorrect, you will be responsible for payment.**

Payment is due at the time of service in the form of cash, credit card or money order only. No checks will be accepted for this service. Payment will be collected when you check in for the insertion appointment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date