



# Verification of Benefits Authorization Form

## Midwife Information

Name	<input type="text"/>		
NPI	<input type="text"/>	Address	<input type="text"/>
TIN	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

## Client Information

Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Insurance Company	<input type="text"/>

## Authorization & Agreement

- I authorize Bear & Wolf Medical Billing to contact the aforementioned client's insurance provider using my NPI to verify the client's benefits and coverage for midwifery services. This authorization is valid for one year from the date signed below.
- By signing this form, I give Bear & Wolf Medical Billing permission to speak to the insurance provider on my behalf as needed to confirm the details of the client's coverage, including inquiring about gap exceptions, out-of-network benefits, and other relevant information for maternity and midwifery care.

Midwife's Signature

Date: