

OUT-OF-NETWORK PPO Quote of Benefits Form

This form will help you determine what your insurance benefits are and consequently, what your out-of-pocket costs will be for a typical visit at our office. You should know that some policies get very complex especially in regards to preventive care. So you should also ask about annual physicals and other preventative medicine. And remember that we are an "**OUT-OF-NETWORK**" provider. Have your insurance card or policy handy when you call their customer service number and ask the following.

"I would like a quote of benefits for a sick medical office visit with an **OUT-OF-NETWORK** family practice doctor."

Today's Date/Time: _____ I spoke with: _____

What is my effective date of coverage? _____

At what percentage are my claims paid? _____

Do I have a deductible? _____ If yes, how much is my deductible _____

How much of my deductible has been met so far? _____

When does my deductible renew, calendar or policy year? _____

What is my maximum out-of-pocket? _____

Has anything been applied to my out-of-pocket? _____

What is the percent of coverage for in-office diagnostic lab-work? _____

How much is covered on the procedure code 98927? _____

Is there a limit to the number of 98927 procedures covered in a certain time period? _____

When I submit my own claims, is there a form I need to provide other than a super bill? _____

What is the mailing address or fax number I would use to submit my claims?

Some other 'good' questions-

Does my policy cover

-Annual physicals?

-Preventative healthcare?

-Well woman exams?

with an **OUT-OF-NETWORK** family practice doctor."