

# Renaissance Women's Group

(GYN)

12201 Renfert Way Austin, Texas 78758

<b>Patient Name:</b>	<b>Appointment Date:</b>	<b>Today's Date:</b>
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**\*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.**

<b>Name of Insurance Company</b>	<b>Insurance Phone number for benefits</b>	<b>Insurance representative spoke with:</b>
<b>Insurance policy holder's name:</b>	<b>Policy holder's Social Security #:</b>	<b>Policy holder's employer's name:</b>
<b>Policy holder's date of birth:</b> -        - 19__ __	_____ - _____ - _____	<b>Policy Effective Date:</b> _____ - _____ - _____

**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 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 a contracted provider for Cigna HMO, POS and Managed Care plans.*
  
- 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 Well Woman Exam coverage?** \_\_\_ YES \_\_\_ NO  
 If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_\_\_ Copay, \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_  
 Do I have a deductible for Well Woman coverage? \_\_\_ YES \_\_\_ NO If YES, deductible amount? \_\_\_\_\_ Met? \_\_\_  
 Do I have coverage for Gardasil vaccine (HPV)? \_\_\_ YES \_\_\_ NO If YES, how will it be covered? \_\_\_\_\_ Is there an age limit?  
 Do I have a maximum benefit for preventative? \_\_\_\_\_  
 How often can I have an annual ( frequency ) ? \_\_\_\_\_
  
- 4). **Do I have coverage for a problem visit?** \_\_\_ YES \_\_\_ NO  
 If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_\_\_ Copay, \_\_\_ 90%, \_\_\_ 80%, or \_\_\_\_\_  
 Do I have a deductible for problem visits? \_\_\_ YES \_\_\_ NO If YES, deductible amount? \_\_\_\_\_ Met? \_\_\_
  
- 5). **Do I have coverage for Gynecological Ultrasounds?** \_\_\_ YES \_\_\_ NO  
 If so, is a referral or authorization required? \_\_\_  
 How is it covered? \_\_\_ 100% with a \$ \_\_\_\_\_ Copay, \_\_\_ 90%, \_\_\_ 80%, or \_\_\_\_\_  
 Do you have to meet a deductible? \_\_\_ YES \_\_\_ NO If YES, deductible amount? \_\_\_\_\_ Met? \_\_\_
  
- 6). **Do I have coverage for Central bone densitometry testing?** \_\_\_ YES \_\_\_ NO  
 If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_\_\_ Copay, \_\_\_ 90%, \_\_\_ 80%, or \_\_\_\_\_  
 Do I have a deductible for Bone density testing? \_\_\_ YES \_\_\_ NO If YES, deductible amount? \_\_\_\_\_ Met? \_\_\_
  
- 7). **If Contraception is relevant to you...**  
 Do I have coverage for Oral Contraception? \_\_\_ YES \_\_\_ NO  
**Depo?** \_\_\_ YES \_\_\_ NO      **Diaphragm?** \_\_\_ YES \_\_\_ NO      **Implanon?** \_\_\_ YES \_\_\_ NO  
**IUD?** \_\_\_ YES \_\_\_ NO      **IUD Insertion coverage?** \_\_\_ YES \_\_\_ NO      **IUD Device coverage?** \_\_\_ YES \_\_\_ NO  
 My responsibility is copay \_\_\_\_\_ coinsurance \_\_\_\_\_ deductible \_\_\_\_\_

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 -** **Revised 9/08**