

Insurance Coverage Verification

Please call your insurance to verify coverage and bring this form to your first appointment. Thank you!

CLIENT NAME		DATE OF BIRTH	
INSURANCE		EFFECTIVE DATE	
INSURANCE ID		GROUP NUMBER	

Please note that the information you receive when calling your insurance company is not a guarantee of benefits or a guarantee of payment and cannot be construed as such. Actual benefits will depend on the plan policies and your individual benefits at the time the services are rendered.

Before calling your insurance company:

- Do you have Group Health Cooperative or Regence Uniform Medical Plan Classic, or UMP Consumer-Directed Health Plan? If yes, you do NOT need to call your insurance company to verify benefits.
- Do you have primary or secondary insurance through Apple Health (Washington Medicaid)? If yes, please enter plan information here. You do NOT need to call your insurance company to verify benefits.

Insurance Plan Name _____ ID _____ Primary or Secondary? _____

Questions for you to ask your insurance company prior to starting care with Around the Circle Midwifery:

DATE YOU CALLED YOUR INSURANCE COMPANY:	
NAME OF THE PERSON YOU SPOKE TO:	
DID THE INSURANCE REPRESENTATIVE PROVIDE YOU A REFERENCE NUMBER FOR YOUR CALL?	
IS MATERNITY CARE COVERED?	CIRCLE ONE: YES NO
ARE LICENSED MIDWIVES COVERED PROVIDERS?	CIRCLE ONE: YES NO
ARE CERTIFIED NURSE MIDWIVES COVERED PROVIDERS?	CIRCLE ONE: YES NO
ARE BIRTH CENTERS COVERED?	CIRCLE ONE: YES NO
IS HOME BIRTH COVERED?	CIRCLE ONE: YES NO
DO YOU NEED PRIOR AUTHORIZATION FOR ANY OF THE SERVICES LISTED ABOVE?	CIRCLE ONE: YES NO
ANY OTHER NOTES YOU WOULD LIKE TO SHARE WITH OUR OFFICE FROM YOUR CALL? (PLEASE PRINT)	

In office use only:	
Received Date:	Received By:
Scanned Date:	Messaged to Billing Date: