

DOVER WOMEN'S HEALTH, P.A.
 700 Central Ave.
 Dover, NH 03820
 (603) 742-2424
 Fax (603) 742-1763

Provider _____

INTRAUTERINE DEVICE (IUD) COVERAGE VERIFICATION

Patient Name: _____

Date of Birth: _____

Insurance Plan Name: _____

Subscriber ID# _____

Due to the high cost of IUD's, we ask you to call your insurance company to determine your benefits before making final decisions about your care. After completing this form, please return it to Dover Women's Health, and we will call your insurance company on your behalf as well to make sure that we both are given the same information.

1. Check off the codes below that are pertinent to you.
2. Please call the Customer Service number, usually provided on the back of your insurance card. Tell the representative that you need to find out your coverage for some billing codes. Give him/her the code numbers and descriptions that you've checked off.

| | Billing/CPT Code | Procedure/Device | Price | Cost to Patient | Copay | Deductible | Coinsurance |
|--------------------------|------------------|------------------|------------|-----------------|-------|------------|-------------|
| <input type="checkbox"/> | 58300 | IUD Insertion | \$250.00 | | | | |
| <input type="checkbox"/> | 58301 | IUD Removal | \$259.00 | | | | |
| <input type="checkbox"/> | J7298 | Mirena IUD | \$1,182.00 | | | | |
| <input type="checkbox"/> | J7296 | Kyleena IUD | \$1,182.00 | | | | |

If the representative tells you that you have 100% coverage through the Women's Healthcare Initiative, you can just write 0's in the "Cost to Patient" fields. You can skip #3.

3. If you **do** have patient responsibility, please ask the following questions and fill out the appropriate fields in the table above:
 - a) Do I have a copay for the codes given – if yes, how much?
 - b) Do I have a deductible – if yes, how much, and has any of my deductible been met?
 - c) Do I have a coinsurance responsibility?
 - d) Do I have an out of pocket maximum, and if yes, how much is it?

Please be sure to make a note of the representative's name and get a reference number for your call. If we get different information, we may need to refer to your call.

Representative's name: _____ Reference # _____ Date of Call: _____

RETURN THIS FORM TO DOVER WOMEN'S HEALTH BY FAX, MAIL OR HAND
Any patient out-of pocket expenses will be required at the time of service
Follow-up visits and/or ultrasounds to check IUD placement are billed separately.
They are not included in this quote.

INSURANCE COMPANIES SOMETIMES MISQUOTE BENEFIT INFORMATION.
DOVER WOMEN'S HEALTH, P.A. IS NOT RESPONSIBLE FOR MISQUOTED BENEFITS. PAYMENT FOR THIS ELECTIVE SERVICE IS THE PATIENT'S RESPONSIBILITY.

Please turn over to read IUD Process on reverse side →

IUD Process at DWH

“What Happens Next?”

1. Following the questions on the reverse side, please call your insurance company to determine what you have for coverage for the IUD you have chosen and any other applicable billing codes such as insertion and/or removal.
2. Once you have completed the verification form, please return it to DWH. You can drop it off at the office, fax it, or send it in the mail.
3. As a courtesy to you, our billing department will also call your insurance company to confirm your benefits, as the cost is very high and we don't want you to have an unexpected expense.
4. A recent pap smear and gonorrhea/chlamydia testing are recommended before insertion. Your provider will discuss this with you.
5. The best time to insert the IUD is during your menstrual flow. At this time your cervix is softened and is slightly dilated making it easier to insert the IUD.
6. Take Ibuprofen (3-200mg. tabs with food) approximately 1-2 hours before your insertion. If you cannot take ibuprofen, take 2 tabs of Extra Strength Tylenol instead.
7. Try not to plan any big activities the day/night of your insertion.
8. You can expect to have several days of pelvic cramping. Use ibuprofen as needed with food. It is typical for irregular bleeding patterns to occur for up to 3 to 6 months after IUD insertion.
9. Call if you experience worsening pain, vaginal bleeding heavier than a period, fever/chills, or foul vaginal discharge.
10. It is recommended that you check for the presence of your IUD string once monthly.
11. Your follow up visit will be scheduled 1 to 3 months after insertion.