

**GHASSAN N. FANOUS, M.D.**  
**INSURANCE VERIFICATION FORM**

Revised 03/10/09

Patient Name:	Patient Date of Birth:	Verified by / date:
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Name of Insurance Company:	Insurance Company phone number:	Insurance representative:
Policy Number:	Group Number:	Policy Effective date:
Insurance policy holder's name:	Insurance policy holder's SSN:	Policy holder's date of birth:

Individual Deductible:	Out of Pocket Max:	
Amount Met:	Amount Met:	

**If patient is over the age 18 and a dependent on the policy, does she need to be a full time student?  Yes  No**

Does this policy have <b>Well Woman Exam</b> coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____ Does this policy have a deductible for Well Woman coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this policy have a calendar year maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much per year? \$_____ How much as been used? \$_____ How often can this patient have an Well Woman exam? <input type="checkbox"/> Once per calendar year <input type="checkbox"/> once per 365 days
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Does this policy have coverage for a <b>problem visit</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay, <input type="checkbox"/> 90% <input type="checkbox"/> 80%, or _____ Does this policy have a deductible for problem visits? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does this policy have coverage the <b>Flu Vaccine</b> (90658)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the <b>Tetnus Vaccine</b> (90718)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the <b>DTAP</b> (Whooping Cough)(90715)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the <b>Hep B Vaccine</b> (90744)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have coverage the <b>HPV Vaccine</b> (90649)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____
Does this policy have a calendar year maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much per year? \$_____ How much as been used? \$_____ Does a deductible have to be met? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, deductible amount \$_____ What is met? \$_____

Is <b>Clinical Pathology Lab</b> (CPL) an "In-Network" lab? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what lab is "In-Network"? _____
Does this policy have coverage for <b>routine</b> labs billed <b>with</b> an office visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____ Does a deductible have to be met? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, deductible amount \$_____ What is met? \$_____
Does this policy have coverage for <b>routine</b> labs billed <b>without</b> an office visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how is it covered? <input type="checkbox"/> 100% with a \$_____ Copay; <input type="checkbox"/> 90% <input type="checkbox"/> 80% or _____ Does a deductible have to be met? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, deductible amount \$_____ What is met? \$_____

Does this policy have coverage for **non-routine** labs billed **with** an office visit? \_\_\_ Yes \_\_\_ No  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_ Revised 03/10/09  
Does a deductible have to be met? \_\_\_ Yes \_\_\_ No If Yes, deductible amount \$ \_\_\_ What is met? \$ \_\_\_\_\_

Does this policy have coverage for **non-routine** labs billed **without** an office visit? \_\_\_ Yes \_\_\_ No  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_  
Does a deductible have to be met? \_\_\_ Yes \_\_\_ No If Yes, deductible amount \$ \_\_\_ What is met? \$ \_\_\_\_\_

Does this policy have coverage for **In-office surgery**?  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_  
Does a deductible have to be met? \_\_\_ Yes \_\_\_ No If Yes, deductible amount \$ \_\_\_ What is met? \$ \_\_\_\_\_

Does this policy have coverage for **Contraception**...

**Depo-Provera** (J1055) \_\_\_ Yes \_\_\_ No  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_

**IUD device** (J7302)? \_\_\_ Yes \_\_\_ No  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_  
Does a deductible have to be met? \_\_\_ Yes \_\_\_ No If Yes, deductible amount \$ \_\_\_ What is met? \$ \_\_\_\_\_

**IUD insertion** (58300) covered? \_\_\_ Yes \_\_\_ No  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_  
Does a deductible have to be met? \_\_\_ Yes \_\_\_ No If Yes, deductible amount \$ \_\_\_ What is met? \$ \_\_\_\_\_

**IUD removal** (58301) covered? \_\_\_ Yes \_\_\_ No  
If so, how is it covered? \_\_\_ 100% with a \$ \_\_\_ Copay; \_\_\_ 90% \_\_\_ 80% or \_\_\_\_\_  
Does a deductible have to be met? \_\_\_ Yes \_\_\_ No If Yes, deductible amount \$ \_\_\_ What is met? \$ \_\_\_\_\_

Is Odessa Regional Medical Center (Tax ID: 62-1795574) an "In-Network" hospital? \_\_\_ Yes \_\_\_ No  
Is Medical Center (Tax ID: 75-2302928) an "In-Network" hospital? \_\_\_ Yes \_\_\_ No