

Benefits Investigation Worksheet

As you conduct a Benefits Investigation, this worksheet can assist you in gathering information while engaging a patient's health plan. Please check benefits at the same time you are checking the office visit, copay, and procedure coverage.

PATIENT/INSURANCE INFORMATION	PATIENT BENEFITS
Patient Name: _____ Patient Date of Birth: _____ Insurance Name: _____ Policy/Member ID: _____ Group #: _____ Policy Holder Name: _____ Policy Holder Date of Birth: _____ Relationship to Patient: _____	Be sure to ask whether the insurance plan covers preventative services, such as Paragard at no cost to the patient, under ICD-10 codes Z30.430 or Z30.433. Is Paragard (J7300) covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a copay? _____ Is there a Prior Authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there co-insurance? _____ PA Reference # _____

DEDUCTIBLE
Does an annual deductible apply to any of these services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Which services? _____ How much has been applied to date? _____ What amount is remaining to meet deductible? _____

HOW TO CHECK IF PARAGARD IS COVERED BY HEALTH INSURANCE

1. Call the customer service number on the back of the patient's insurance card or log in to the Healthplan's portal.
2. To save time, you can check Paragard Benefits at the same time you are checking the office visit copay and procedure coverage.
3. Ask the payor if Paragard is covered under the Affordable Care Act.
4. Provide the J code for Paragard: J7300.
5. Ask if the patient will have any out-of-pocket costs, or if Paragard is only partially covered under their plan.
6. Ask if a prior authorization is required.

Insurance Company Name	Coverage Type
MEMBER NAME: JANE DOE	EFFECTIVE DATE: XX / XX / XXXX
MEMBER NUMBER: XXX-XX-XXX	RX GROUP NUMBER: XXXXX-XX
GROUP NUMBER: XXXXX-XXX-XXX	
PCP CO-PAY: \$20	RX CO-PAY
SPECIALIST CO-PAY: \$50	GENERIC: \$10
ER CO-PAY: \$100	NAME BRAND: \$20
CUSTOMER SERVICE: 1-800-XXX-XXXX	CLAIMS/INQUIRIES: 1-800-XXX-XXXX

ADDITIONAL ASSISTANCE

If you have any questions or need additional assistance, please contact your CooperSurgical Territory Manager.