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Name of Patient: _____

BENEFIT VERIFICATION FORM

Please take a moment to call your insurance company **before your next visit** so that we can better serve you. If we know ahead of time that well (preventive) visits and immunizations are not a covered benefit, we may be able to give your child immunizations for free at our office through the Texas Vaccine for Children program.

If you have a new baby, you need to add him or her on to your insurance before one month of age. Ask the following questions and **bring this form back to us at your next visit.** **

Date: _____

Name and phone number of Insurance Company: _____

Who am I speaking with? _____

Are Well Visits covered? _____ Co-pay Amount? _____

To what age? _____

Are vaccines covered? _____

Is there a maximum dollar amount per year for well visits & vaccines? _____

Is Prevnar vaccine covered (CPT 90669)? _____

Is the Hepatitis A vaccine covered (CPT 90633)? _____

Is there family or individual deductible? How much has been met? _____

Has the Primary Care Physician been designated? _____

Is vision and hearing screening covered? _____

**** If this form is not returned on or before the 2-month visit, you have the option of paying for the visit and filing directly with your own insurance, otherwise we may have to reschedule your appointment.**