

Stoneridge OBSTETRICS & GYNECOLOGY

CONTRACEPTIVE MANAGEMENT - PATIENT BENEFITS VERIFICATION AUTHORIZATION FORM

Date: _____ Patient Name: _____

Account No. _____ Date of Birth: _____ Phone No.: _____

Verification of benefits will be confirmed with your insurance provider upon your signed request.

Our office will contact you with a summary of your medical benefits coverage upon receipt from your insurance provider. This process can take 1-2 weeks.

Coverage/Benefits Information obtained on your behalf is **NOT** a guarantee of payment as stated by your insurance provider. You may contact your insurance provider separate to our inquiry to confirm your medical benefits.

You are responsible for all non-covered services, deductibles, and/or co-insurances and will be billed accordingly.

Please indicate which implant(s) or intrauterine device (IUD) you are interested in receiving insurance benefit verification information. Circle all that apply.

IMPLANT

NEXPLANON® (3 years): NEW INSERTION REPLACEMENT

IUD

LILETTA® (4 years): NEW INSERTION REPLACEMENT

MIRENA® (5 years): NEW INSERTION REPLACEMENT

PARAGARD® (10 years): NEW INSERTION REPLACEMENT

SKYLA® (3 years): NEW INSERTION REPLACEMENT

To verify coverage for other than contraception, please indicate the diagnosis: _____

I have read the information above and authorize Stoneridge Obstetrics & Gynecology and its administrators to disclose information concerning my medical request to verify coverage and medical benefits for the above indicated contraceptive device(s).

Name (print): _____ Signature: _____

Relationship to patient (circle one): Self / Legal Guardian / Other Date: _____

Prescriber Office Only:

Type of request (circle one):

In person Online Phone _____ (employee completing the paperwork)

CODE for IMPLANT

NEXPLANON®/J7307

CODE for INSERTION

11981

CODE for REPLACEMENT

11982

CODE for IUD

LILETTA®/J7297

58300

58301

MIRENA®/J7298

58300

58301

PARAGARD®/J7300

58300

58301

SKLYA®/J7301

58300

58301

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670 LAWN AVENUE, SUITE 4
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FAX: 215-257-1740

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270 MAIN STREET, SUITE 4
HARLEYSVILLE, PA 19438
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FAX: 215-257-1740

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174 NORTH MAIN STREET
DUBLIN, PA 18917
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