

West Georgia Obstetrics and Gynecology, PC

Insurance Verification Form:

The Phone Number will be on your insurance card as well as other information you will be asked during this phone call.

Patient Name: _____

Date of Birth: _____

Physician's Name: *Frederick W. Martin, MD*

Joan H. Zeller, MD

Jennifer C. McKenna, MD

Physician's address: *109 Professional Place, Carrollton, GA 30117 – 770.834.0170*

Ask the following Questions:

Do I have wellness benefits and/or gynecology benefits? ___ yes ___ no

If I HAVE Wellness Benefits (ICD9 Code V72.31) ask the following:

1. Is the pap covered? ___yes ___ no At what percentage? _____%
2. Are the office visit and lab charges also covered? ___yes ___ no
At what percentage? _____%
3. Are these charges subject to my deductible? ___ yes ___ no
4. Is there a maximum dollar amount available under my wellness benefit?
___yes ___ no If yes, what is the amount? _____
5. Do Bone Density and/or Mammogram fall under my wellness benefit?
___yes ___ no If yes, is it subject to deductible or co-insurance? _____

If I DO NOT have Wellness Benefits, ask the following:

1. What is my deductible? _____
2. How much of the deductible has been satisfied? _____
3. What percentage of coverage do I have after the deductible is satisfied? _____%

Do you accept electronic claim submission? ___ yes ___no

If yes, what is your Payor ID number _____

If no, what address should the claim be mailed to: _____

West Georgia Obstetrics and Gynecology, PC
109 Professional Place
Carrollton, Georgia 30117
770.834.0170

Obstetrical Insurance Verification Form:

The Phone Number will be on your insurance card as well as other information you will be asked during this phone call.

Patient Name: _____
Date of Birth: _____

Physician's Name: Frederick W. Martin, MD
Joan H. Zeller, MD
Jennifer C. McKenna, MD

Physician's address: 109 Professional Place, Carrollton, GA 30117 – 770.834.0170

Ask the following Questions:

Do I have pregnancy benefits? ____ yes ____ no

1. Do I have a co-pay for the global fee (CPT 59400)? ____yes ____ no
2. Is the global subject to my deductible? _____
3. How much of the deductible has been satisfied? _____
4. What percentage of coverage do I have after the deductible is satisfied? _____%
5. Are lab charges covered? __yes __no At what percentage?_____%
6. Are ultrasounds covered? __yes __ no At what percentage?_____ or are they covered under a Co-Pay? _____ What is the Co-Pay? _____
How many Ultrasounds are covered? _____
7. Do you cover office visits for problems outside the pregnancy? (such as sinusitis) _____ is it subject to deductible or co-pay?
8. Is pre-certification required for pregnancy? ____ yes ____ no
What is the phone number? _____
9. Do you cover post partum tubal ligation? ____yes __ no

Do you accept electronic claim submission? ____ yes ____no

If yes, what is your Payor ID number _____

If no, what address should the claim be mailed to: _____

