

# Mother Blooming Birth Services & Midwifery

## INSURANCE WORKSHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

Here are some questions to help you call your insurance company to find out your benefits.

1. Call the number on the back of your insurance card.
2. Ask the name of the person you are speaking to and write down the day you are calling  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
3. Do I have maternity coverage? Y \_\_\_\_\_ N \_\_\_\_\_
4. How much will they pay for global OB care (CPT code 59400)? \$ \_\_\_\_\_
5. How much of that am I responsible for? What % coinsurance? \_\_\_\_\_
6. Will an OB ultrasound or other diagnostic testing be paid for or does it go towards the deductible (meaning you pay for it)?  
\_\_\_\_\_
7. Will lab work be paid for during pregnancy or does it apply to the deductible?  
\_\_\_\_\_
8. How long is the baby covered under the mother's policy after it is born? \_\_\_\_\_
9. Do I have preventative coverage for physicals and Pap test? Y \_\_\_\_\_ N \_\_\_\_\_
10. How often will they pay for a physical and Pap? (yearly /every other year?)  
\_\_\_\_\_
11. What is my deductible? \$ \_\_\_\_\_
12. What is my maximum out-of-pocket amount? \$ \_\_\_\_\_
13. What is my copay at office visits (not prenatal visits)? \$ \_\_\_\_\_

*This is not a guarantee of your benefits, but is a helpful guide. Please bring a copy of this to your next appointment and keep a copy for yourself. Thank you.*

Adriann Walker LM, CPM  
P.O. Box 514 Monrovia, CA 91017  
O 626-344-7874 F 888-789-5484