

ID: _____
NAME: _____



MAKE SURE YOU ARE COVERED

Dear Patient:

By calling the phone number provided on your **medical benefit/insurance** card, you can determine whether or not you have coverage for a Mirena device, insertion and/or removal. Your insurance company will provide any co-pay, co-insurance, benefit limitation or deductible amounts that you will be responsible for.

QUESTIONS TO ASK:

- 1) Representative I spoke with: _____
- 2) Date: _____/_____/_____
- 3) Do I have medical insurance coverage for the Mirena device: CPT CODE: J7298
Mirena insertion: CPT CODE: 58300
Mirena removal: CPT CODE: 58301
Initial Mirena - use codes: J7298 and 58300; If you already have a Mirena – use codes: J7298, 58300 and 58301
- 4) Are there any restrictions or benefit limitations? YES NO
If yes, please advise: _____
- 5) Do I need a prior authorization or referral? YES NO
If yes, you need to contact Premier 941-745-5115 X 316 to request 10 days prior to insertion.
 - i. Deductible amount remaining: _____
 - ii. Co-Pay _____
 - iii. Co-Insurance _____
- 6) Confirmation/Reference number of conversation: _____

Once you have spoken to your insurance company, you will need to contact our office to schedule your appointment OR to assist you in any pre-certification/referrals that need to be done. Please understand, benefit verification from your insurance company is not a guarantee of payment. If the information received by you from your insurance company is incorrect, you will be responsible for payment.

Payment is due at the time of service in the form of cash, credit card or money order only. No checks will be accepted for this service. Payment will be collected when you check in for the insertion appointment.

Patient Signature

Date