

Client Registration and Insurance Benefits
Labors of Love

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Check here if you want LBS to verify your benefits (there will be a \$15 fee)

CLIENT INFORMATION

Name (Last, First, MI) _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone(____) _____ Alternate Phone(____) _____ Email _____
Marital Status: single married widowed separated divorced Birthdate _____ Age _____
Soc. Sec # _____ Due Date _____ LMP _____
Date of initial exam (not interview): _____

INSURANCE INFORMATION

Primary Insurance _____ Plan Name _____ Effective _____
Ins. Address _____ City, State, Zip _____ Ins. Phone _____
Subscriber Name _____ Subscriber's DOB _____ Subscriber's SS# _____
ID# on Card _____ Group # _____
Client's relationship to Subscriber: Self Spouse Child Other
Secondary Insurance _____ Plan Name _____ Effective _____
Ins. Address _____ City, State, Zip _____ Ins. Phone _____
Subscriber Name _____ Subscriber's DOB _____ Subscriber's SS# _____
ID# on Card _____ Group # _____
Client's relationship to Subscriber: Self Spouse Child Other

***Verification of Benefits: Please call your insurance company and ask the following questions.-OR-Check the box at the top of this form to have Larsen Billing call and verify your benefits. There will be a \$15 fee for LBS to call.

Name of insurance rep spoken to _____ Date _____ Time _____
What is my eligibility date? _____ What is my out-of-network deductible? _____ How much of my deductible do I still need to meet? _____ Is a midwife covered under my plan? _____
Do I need a referral or authorization for this service? _____ (Number to call if yes) _____
(call and get auth#) _____
What percentage of the Usual and Customary will be paid for maternity care (CPT code 59400)? _____
(The remaining _____% is my responsibility.) When does my baby need to be added to the plan? _____
Is baby's deductible included in mine? _____ If not, how much is baby's deductible? _____ Will insurance reimbursement be sent to the provider or to me? _____ Is pregnancy a pre-existing condition? _____
_____ If I want an in-network exception (because there are no contracted midwives in my area), what number do I call? _____
Comments _____

