

**Insurance Worksheet**

*For personal use – does not need to be turned in*

Insurance Company\_\_\_\_\_

Insurance Phone Number\_\_\_\_\_

Your Plan Number\_\_\_\_\_

Call to insurance company:

Date of Call\_\_\_\_\_

Person you spoke with and title\_\_\_\_\_

Is Dr. Litov covered under your plan?\_\_\_\_\_

What are the limitations?\_\_\_\_\_

Do you need a referral from your primary care provider?\_\_\_\_\_

Can a specialist refer you to Dr. Litov?\_\_\_\_\_

Can Dr. Litov serve as your primary care provider?\_\_\_\_\_

Do you have a deductible and is this covered under that? \_\_\_\_\_

What is your co-pay amount?\_\_\_\_\_

What is your % responsibility for the cost of the visit?\_\_\_\_\_

Are you limited in the number of visits to Dr. Litov or diagnoses?\_\_\_\_\_

We hope this worksheet is helpful in obtaining the information you need to utilize your health insurance. Please be aware that this is not all inclusive or a promise of benefits, just a tool in understanding, and to help you make informed decisions about your healthcare.