IntraUterineDevice (IUD)/IMPLANT INSURANCE WORKSHEET  January 2019

If you are active on the UNC Student Blue Insurance, the Graduate Student Health Insurance or the PostDoc Insurance Plan, all charges at Campus Health Services for these procedures will be paid at 100% and it is not necessary to complete this worksheet.

If Campus Health Services is in-network with your insurance plan (Aetna, BCBS, CIGNA, United Health Care, NC Medicaid, Tricare Standard and Tricare Reserve) call your insurance company using the phone number on the back of your card to verify your benefits. Patients covered by Tricare Prime are encouraged to see their primary care provider. If Campus Health Services is out-of-network with your insurance plan, it may be beneficial to be referred to an in-network provider.

Name: ___________________________ PID: ___________________________ Insurance: ___________________________

Options for completing this required form:

- Call your insurance company to verify benefits using the questions below. Return the completed and signed form to GYN Services on the third floor of Campus Health Services OR email the completed form to chs@unc.edu, with “LARC” in the subject line. If you have any questions about completing this form, email insurancesrep@unc.edu or call 919-966-6588.
- Go to Patient Accounts on the second floor of Campus Health Services for assistance in IUD/Hormonal Implant benefit verification

By answering the following questions, you will have a better understanding of your own financial responsibility after the IUD / Hormonal Implant is inserted.

1. Is Campus Health Services In-Network with my insurance? Y/N

Your insurance company may ask for Campus Health Services’ Identification Number. Our NPI is 1356368708

If your insurance company has difficulty finding Campus Health Services when using the above NPI number, give the insurance rep the name of your GYN Provider. We may also be listed as “The University of North Carolina – Campus Health” in their system.

Will my insurance pay for an IUD/Hormonal Implant Insertion at Campus Health? (Codes are as follows) ___Y___N

*Inquire with insurance carrier about ALL the IUD devices and/or Hormone Implant listed below

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracervical Block</td>
<td>64435</td>
<td>J7297</td>
<td>J7298</td>
<td>J7296</td>
<td>J7287</td>
</tr>
<tr>
<td>IUD Insertion</td>
<td>58300</td>
<td>J7297</td>
<td>J7298</td>
<td>J7296</td>
<td>J7287</td>
</tr>
<tr>
<td>IUD Removal</td>
<td>58301</td>
<td>J7297</td>
<td>J7298</td>
<td>J7296</td>
<td>J7287</td>
</tr>
<tr>
<td>Hormone Implant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implant Insertion</td>
<td>11981</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implant Removal</td>
<td>11982</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What is my deductible? $ ________________
3. Have I met my deductible? Y/N If not, what portion remains? $ ________________
4. Is the IUD device/Hormonal Implant subject to deductible? Y/N ________________

*IF YOUR DEDUCTIBLE ISN’T MET & THE IUD/IMPLANT IS SUBJECT TO DEDUCTIBLE, YOU MAY HAVE TO PAY FOR THE IUD OUT-OF-POCKET*

5. Will my insurance pay if the IUD/Hormone Implant is inserted by an advance practice provider (NP/PA) ___Y___N
6. What is my financial responsibility for the procedure? $ ________________
7. Is pre-authorization required for this procedure? Y/N
8. Ask for the call reference number # ________________

Customer Service Representative Name: ___________________________ Date: ___________________________

I understand that this is not a guarantee for payment for services by my insurance carrier and any portion of the deductible I have not met will be my responsibility if the IUD/Hormone Implant is subject to the deductible. I further acknowledge that I am responsible any charges not covered by insurance.

(Patient Signature) ___________________________ (Date) ___________________________ Date: ___________________________

Insurance Information completed by: ___________________________ Date: ___________________________