

TULSA OB-GYN ASSOCIATES, INC.
PARAGARD BENEFIT VERIFICATION REQUEST FORM

Business Phone #: (918) 746-2255

Business Fax #: (918) 746-2252

Provider Information:

Prescribing Health Care Provider:

Tax ID # 73-0792126

NPI #

Site Name: Tulsa OB-GYN Associates, Inc.

Address: 2000 South Wheeling, Ave., Suite 800

City: Tulsa

State: OK

Zip: 74104

Phone: (918) 746-2255

Fax: (918) 746-2252

Office Contact: Business Office

Patient Information:

Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone:

SS#:

Patient Insurance Information:

Insurance Name(1):

Insurance Name(2):

Phone:

Phone:

Policy #:

Group:

Policy #:

Group:

Policy Holder Information (if different from patient)

Policy Holder Information (if different from patient)

Name:

Name:

Employer:

SS#:

Employer:

SS#:

Relation to Patient:

Relation to Patient:

Patient Consent:

I authorize Tulsa OB-GYN Associates, Inc. to obtain information from my insurance company(ies), and other sources as deemed necessary to ensure the accuracy and completeness of understanding my coverage of Paragard.

Patient Signature: _____

Date: _____

Benefits Received _____

Date

Initials

Accept

Decline

Patient Notified _____

Date

Initials

IUD Ordered: _____

Date

Initials

Patient Due: IUD: \$ _____

Insertion: \$ _____

APPOINTMENT: _____

Date

Time

Scheduled By