

# Stoneridge Obstetrics & Gynecology

## CONTRACEPTIVE MANAGEMENT - PATIENT BENEFITS VERIFICATION AUTHORIZATION FORM

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Verification of benefits will be confirmed with your insurance provider upon your signed request.

Our office will contact you with a summary of your medical benefits coverage upon receipt from your insurance provider. This process can take 1-2 weeks.

**Coverage/Benefits Information** obtained on your behalf is **NOT** a guarantee of payment as stated by your insurance provider. You may contact your insurance provider separate to our inquiry to confirm your medical benefits.

You are responsible for all non-covered services, deductibles, and/or co-insurances and will be billed accordingly.

Please indicate which implant(s) or intrauterine device (IUD) you are interested in receiving insurance benefit verification information. Circle all that apply.

### IMPLANT

NEXPLANON® (3 years):      NEW INSERTION      REPLACEMENT

### IUD

LILETTA® (6 years):      NEW INSERTION      REPLACEMENT

PARAGARD® (10 years):      NEW INSERTION      REPLACEMENT

SKYLA® (3 years):      NEW INSERTION      REPLACEMENT

To verify coverage other than for contraception, please indication the diagnosis: \_\_\_\_\_

I have read the information above and authorize Stoneridge Obstetrics & Gynecology and its administrators to disclose information concerning my medical request to verify coverage and medical benefits for the above indicated contraceptive device(s).

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to patient (circle one): Self/Legal Guardian/Other      Date: \_\_\_\_\_

Prescriber Office Only:

Type of request (circle one):

In person    Online    Phone    \_\_\_\_\_ (employee completing the paperwork)

### CODE for IMPLANT

NEXPLANON®/J7307

### CODE for INSERTION

11981

### CODE for REPLACEMENT

11982

### CODE for IUD

LILETTA®/J7297

58300

58301

PARAGARD®/J7300

58300

58301

SKLYA®/J7301

58300

58301

STONERIDGE PROFESSIONAL CENTER  
670 LAWN AVENUE, SUITE 4  
SELLERSVILLE, PA 18960  
PHONE: 215-257-0414  
FAX: 215-257-1740

GVH OUTPATIENT CENTER  
270 MAIN STREET, SUITE 104s  
HARLEYSVILLE, PA 19438  
PHONE: 215-257-0414  
FAX: 215-257-1740

DUBLIN OFFICE  
174 NORTH MAIN STREET  
DUBLIN, PA 18917  
PHONE: 215-257-0414  
FAX: 215-257-1740