

Client Registration for Insurance Benefits
Midwifery Services of South Texas
 Claudine Crews, LM, CPM NPI# 1679605125
 830-393-0337 or 210-710-3169

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 # _____ Electronic payor ID# _____

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 # _____ Electronic payor ID# _____

Client's relationship to Subscriber: Self Spouse Child Other

Verification of Benefits: Please call your insurance company and ask the following questions. Return completed form to Midwifery Services of South Texas as soon as possible. You can mail it, fax it, or bring it with you to your appointment.

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 licensed midwife covered by my plan? _____

_____ Is home delivery a covered benefit? _____ Do I need a referral or authorization for this service? _____

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 _____
