



# Insurance & Cost Prep

What to have ready for benefits verification and what to ask about coverage.

Sorting out coverage before your visit prevents surprise bills. Use this worksheet to gather the right info, write down what you find when you call your insurer, and bring this to your visit so we can help you understand it.

## 1 Have this ready before you call

- Your insurance card (front and back).
- Your photo ID and date of birth.
- The full name and date of birth of the policyholder, if not you.
- A pen, this worksheet, and 15 quiet minutes — calls can take a while.
- EVI Primary Care's tax ID and provider info (call the clinic if you need this).

## 2 Your plan information

INSURANCE COMPANY		MEMBER ID	GROUP NUMBER
PLAN NAME / TYPE (HMO, PPO, EPO, ETC.)			MEMBER SERVICES PHONE
POLICYHOLDER NAME	POLICYHOLDER DOB	RELATIONSHIP TO PATIENT	

## 3 Key numbers to ask about

Call member services and ask for these. Write the answers in the boxes — and ask the representative for a reference number for the call.

ANNUAL DEDUCTIBLE	AMOUNT MET YEAR-TO-DATE	OUT-OF-POCKET MAXIMUM
PRIMARY CARE COPAY	SPECIALIST COPAY	URGENT CARE COPAY
COINSURANCE % AFTER DEDUCTIBLE		PLAN START DATE / RENEWAL
CALL REFERENCE NUMBER	REPRESENTATIVE NAME	DATE OF CALL



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## 4 Questions to ask member services

Write each answer in the box below the question. Ask the rep for a reference number when you call.

1. Is EVI Primary Care (in Mesa, AZ) in-network for my plan?

2. Do I need a referral from a primary care provider before seeing a specialist?

3. Is preventive care (annual wellness visit) covered at 100%?

4. What labs and imaging are covered, and where do I need to have them done?

5. Is telehealth covered? Any difference in copay?

6. Are there services on this plan that require pre-authorization?

7. What's the deadline for submitting claims, and is there an appeals process?

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## 5 Quick glossary

If any of the terms above are unfamiliar, here are short definitions in plain language.

### Premium

What you pay each month to keep the insurance plan active, separate from any visit costs.

### Deductible

The amount you pay out of pocket each year before insurance starts covering most costs. Some preventive services are covered before the deductible is met.

### Copay

A flat dollar amount you pay at the time of a visit (for example, \$30 per primary care visit).

### Coinsurance

The percentage of a covered service you pay after your deductible is met (for example, 20% of the bill).

### Out-of-pocket maximum

The most you'll pay in a plan year for covered services. After this, insurance pays 100% of covered care for the rest of the year.

### In-network vs. out-of-network

In-network providers have a contract with your insurance and cost less. Out-of-network providers usually cost more — sometimes much more.

### Pre-authorization

Approval your insurance must give before certain services are covered. Without it, the claim may be denied.

### Explanation of Benefits (EOB)

A statement from your insurance after a visit showing what was billed, what they paid, and what you owe. Not a bill.

### Need help understanding your coverage?

Email [InsuranceVerification@azintegratedhealthsolutions.com](mailto:InsuranceVerification@azintegratedhealthsolutions.com) with your insurance details (no medical information) to request benefits verification before scheduling. We'll help you understand what's covered.

### KEEP MEDICAL INFORMATION SECURE

Bring this completed worksheet to your visit, or send it through the secure patient portal. Please do not include medical details in email.