



UNDERSTANDING MY CURRENT BENEFITS WORKSHEET

****This form is for your personal use only and is a tool to help you understand your personal health benefits****

Call your insurance company (phone number on the back of your insurance card) and ask them to send you a summary of benefits for your (or your child's) current plan.

Insurance company name: _____

Customer service # _____

Policy ID#: _____ Group #: _____

Effective Date: _____ Renewal period: _____

Policy holder name: _____ Policy holder date of birth: _____

Do I have to choose a Primary Care Physician? YES No

If Yes, is that physician listed on my card? Yes No

If it is not, call your insurance company and have them change the PCP to one of Parkside Pediatrics physicians.

Individuals covered under this plan: _____

Deductible Amount: \$ _____ /Individual & \$ _____ /Family

Out of pocket max: \$ _____ /Individual & \$ _____ /Family

General Office visit: Copay \$ _____ Co-Insurance \$ _____ Deductible \$ _____

Specialist visit: Copay \$ _____ Co-Insurance \$ _____ Deductible \$ _____

Hospital: Copay \$ _____ Co-Insurance \$ _____ Deductible \$ _____

Prescription*: Copay \$ _____ Co-Insurance \$ _____ Deductible \$ _____

Radiology: Copay \$ _____ Co-Insurance \$ _____ Deductible \$ _____

****Prescription benefits may have different levels of coverage (tiered)***

Questions to ask your insurance company specifically how they process wellness visit charges:

1. How many wellness visits can my child have between the age of newborn and 4? _____
2. At what age is my child limited to one wellness visit per year? _____
3. Is that per calendar year or from last wellness visit? _____
4. How does my plan pay for routine immunizations? _____
5. Do I have coinsurance or a deductible to meet for immunizations? _____
6. Is there a wellness maximum amount that my insurance company will pay? _____
7. If so, what is that amount? _____
8. Who is my preferred lab? _____