

Insurance Worksheet

For personal use – does not need to be turned in

Insurance Company_____

Insurance Phone Number_____

Your Plan Number_____

Call to insurance company:

Date of Call_____

Person you spoke with and title_____

Is Dr. Litov covered under your plan?_____

What are the limitations?_____

Do you need a referral from your primary care provider?_____

Can a specialist refer you to Dr. Litov?_____

Can Dr. Litov serve as your primary care provider?_____

Do you have a deductible and is this covered under that? _____

What is your co-pay amount?_____

What is your % responsibility for the cost of the visit?_____

Are you limited in the number of visits to Dr. Litov or diagnoses?_____

We hope this worksheet is helpful in obtaining the information you need to utilize your health insurance. Please be aware that this is not all inclusive or a promise of benefits, just a tool in understanding, and to help you make informed decisions about your healthcare.