

**Client Registration and Insurance Benefits
Transitions Midwifery Services, LLC
Brandy Brandfass, LM, RN**

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 # _____

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 # _____

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 your midwife at your next visit.**

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 midwife covered under my plan? _____

Do I need a referral or authorization for this service? _____ (Number to call if yes) _____ (call and get auth#) _____

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 _____

Any questions about the registration process, please call Natalie at 1-866-208-8267