

Insurance Questionnaire

The following questions are designed to help you familiarize your self with the details of your policy. It is important to KNOW YOUR POLICY. We understand that at times it may be confusing as to what services/procedures are covered. We encourage our patients to call their insurance companies and ask the following questions. This will help you personally understand your benefits and allow you to make conscious decisions regarding your child's health care.

*****THIS IS FOR YOUR INFORMATION ONLY – Do not return to the receptionist.

1. What type of policy do I have? _____ Commercial, _____ HMO, _____ PPO
2. Are the physicians of Pediatric Associates of NYC in network? _____
3. What is the effective date of my policy? _____
4. Do I have to designate a primary care physician? _____
6. Is there an annual deductible? _____ If so, how much? _____
7. How many well visits are covered under my plan? _____
8. How often are well visits allowed? _____
9. Do I have co pays for: _____ sick visits _____ well visits _____ after
hours visits?
10. Do I have co-insurance responsibility? _____
11. Does my plan cover labs done in the physician's office? _____
12. Are vision exams covered? _____ hearing exams? _____