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Congratulations!

Thank you for choosing Lotus Ob.Gyn We ask that you contact your Insurance company prior to your next appointment to understand your plan benefits and coverage.

TODAY'S DATE: _____
PATIENT NAME: _____
APPOINTMENT DATE: _____
ESTIMATED DUE DATE: _____

Please bring this form with you to your next appointment

Name of Insurance Company: _____
Insurance Phone # (for benefits): _____
Insurance Representative spoke with: _____
Policy Holder's name: _____
Policy Holder's SSN: _____
Policy Holder's Date of Birth: _____
Policy Effective Date: _____

What type of plan do I have? ___HMO ___PPO ___POS ___Managed Care ___Indemnity
If HMO, Is your PCP In Network? ___YES ___NO
Does my plan require a referral from my PCP to my OB/GYN? ___YES ___NO

Is Clinical Pathology Labs an In Network Lab (Tax ID 74-2554159)? ___YES ___NO
If no, what lab is In Network? _____

Do I have OB GLOBAL (antepartum, delivery, and postpartum) maternity benefits? ___YES ___NO
If yes, how is it covered? ___100%, ___90%, ___80%, ___other: Explain:
Do I have a deductible? ___YES ___NO
If yes, deductible amount? \$ _____ What has already been met? _____

Does my delivery require precertification for my delivery? ___YES ___NO
What is the number to call and obtain precertification? _____
Do I have coverage for all ultrasounds done during my pregnancy? ___YES ___NO
If yes, is a referral or authorization required? ___YES ___NO

Is Seton Williamson County Hospital on my plan (Tax ID 74-1109643)? ___YES ___NO
Is Round Rock Medical Center on my plan (Tax ID 74-2781812)? ___YES ___NO

Does my policy cover permanent sterilization (tubal ligation)? ___YES ___NO