



# LARSEN BILLING SERVICE

Send form to LBS rep: Maile Mudaliar

39280 Cascadia Village Dr., Sandy, OR 97055

Toll-free phone: (866) 208-8269

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## Verification of Benefits (VOB)

Home Birth Midwifery Service

Kimberley Mosny, CPM, LM

(A \$15 fee per member applies when LBS calls for benefits and/or exceptions. Please do not send checks to LBS. LBS will bill your midwife for this fee – your midwife may send checks from members to LBS at the time that they pay their invoice. Thank you!)

Instructions from midwife's office or member to LBS regarding this VOB: \_\_\_\_\_

This VOB is for (member's name): \_\_\_\_\_ (Client reg. form must accompany this VOB)

Name of person completing this form: \_\_\_\_\_  LBS rep  Member

### **Out-of-Network Insurance Benefits**

Phone# called to obtain benefits: \_\_\_\_\_

Name of insurance rep spoken to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Does this plan have out-of-network maternity benefits?  yes  no (If no, exception **must** be obtained or claims cannot be billed.)

Eligibility date: \_\_\_\_\_ Out-of-net deductible: \_\_\_\_\_ Amount of deductible left to meet: \_\_\_\_\_

What % of maternity benefits (code 59400) will be paid for an out-of-network provider? \_\_\_\_\_ (The remaining \_\_\_\_\_ % is patient responsibility.) Is a licensed midwife covered by this plan? \_\_\_\_\_

Is baby covered under mom?  yes  no If so, how long? \_\_\_\_\_ If not, when must baby be added to plan? \_\_\_\_\_

Insurance reimbursement will be sent to:  provider  member

Is pregnancy a pre-existing condition? (Can only apply to individual plans.)  yes  no \_\_\_\_\_

Is a referral or authorization for **outpatient** maternity care or newborn care required? (Typically, auths are only required for inpatient services and therefore do not apply to us.)  yes  no If yes, phone# to call for auth: \_\_\_\_\_

If auth required, fill out auth box\* below. Comments: \_\_\_\_\_

Is an in-network exception possible on this plan (for instance, because there are no contracted midwives in the area)?  yes  no

If yes, phone# to call for exception: \_\_\_\_\_ If exception possible, fill out exception box\*\* below.

If no, why isn't exception possible? \_\_\_\_\_

Who should set up the exception?  Provider's office  Member  Either one

Additional notes on this VOB: \_\_\_\_\_

### **\*Authorization** (Some insurance companies require an authorization # on claims in order for them to be processed; most do not require this.)

Name of insurance rep spoken to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Auth obtained?  yes  no  pending Reference # while pending: \_\_\_\_\_

Approved authorization #: \_\_\_\_\_ Date Obtained: \_\_\_\_\_ Notes: \_\_\_\_\_

### **\*\*In-Network Exception** (To have claims processed at the in-network rates for an out-of-network provider)

Name of insurance rep spoken to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Exception obtained?  yes  no  pending Reference # while pending: \_\_\_\_\_

Approved Exception #: \_\_\_\_\_ Date Obtained: \_\_\_\_\_ Date range approved: \_\_\_\_\_

Notes: \_\_\_\_\_

If exception obtained, in-network bens are: Deductible amount: \_\_\_\_\_ Ded. left to meet: \_\_\_\_\_ % covered: \_\_\_\_\_

Codes authed (circle): 59400, 99205, 99215, 99354, 99355, 80055, A4550, 99350, 99461, 99213, 99464, S3620