



LARSEN BILLING SERVICE

Verification of Benefits (VOB)

Primary Insurance Secondary Insurance

Kim Mosny, CPM, LM NPI #: 1295749083; CPM #: 99050030;
VA License #: 0129000038

Billing Rep. _____

VOB Rep. _____

Member _____ ID #: _____

Insurance Rep. _____

Insurance Company _____

Provider's tax ID in your system? Yes No

Claims Mailing Address _____

Electronic Payer ID # _____

Phone _____ Date _____ Time _____

Plan Effective Date _____

Is this provider contracted with this plan? Yes No Notes: _____

We expect the provider to be covered at the following rates for this member's plan: Out-of-Network Rates In-Network Rates Pending

Notes: _____

Out-of-Network Benefits: (most midwives are covered at this rate, unless contracted with the specific insurance company)

% covered with out-of-network provider _____%, Member Pays _____%, Deductible \$ _____, Deductible Met \$ _____

In-Network Benefits: (for reference only, unless midwife is specifically contracted with this insurance company or we are able to obtain an exception)

% covered with in-network provider _____%, Member Pays _____%, Deductible \$ _____, Deductible Met \$ _____

Notes: _____

Which Midwives are covered? Certified Professional Registered Midwife Licensed Midwife Certified Nurse Midwife

Notes: _____ -- Is pregnancy a pre-existing condition? Yes No

In / Out -of-network reimbursement will be sent to: Provider Member _____

Is a Homebirth excluded? _____ Is a Birth Center excluded? _____

Birth Center Benefits: (if applicable) Is this Birth Center contracted with this plan? Yes No Notes: _____

% covered with out-of-network facility _____%, % covered with in-network facility _____%, Notes: _____

Baby covered under mom? Yes No How many days? _____ Does baby have own deductible? _____

Authorization / Referral - is an authorization or referral required for outpatient maternity care? Yes No

Name of Insurance Rep. _____ Date _____ Time _____ Authorization obtained? Yes No

Ref. # while pending: _____ Approved auth. # _____ Date Obtained: _____

In-Network Exception - is it possible on this plan? Yes No --Who should set this up? Provider Member

Notes: _____

Notes: _____

Rep spoken to: _____ Date _____ Time _____ Ref. # while pending _____

Except. obtained? Yes No Approved Except. # _____ Date range approved _____

Codes auth'd (circle): for mom: 59400, 99204 (or 99205), 99214 (or 99215), 99354, 99355, 99349, 0724-facility for baby: 99461, 99213, 99348, 99464, S3620, 0724-facility

(Maternity Benefits CPT Code = 59400 / Diagnosis Code V22.2 for mom)