



## Patient Insurance Information

In order to serve you better and to make things easier for you and us we ask that you take a few minutes and please call your insurance company at the phone number on your card and ask them the following questions, and write the information down on this sheet.

Insurance company name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Group Number (if applicable): \_\_\_\_\_

Dr. Hibbert uses multiple facilities for surgery, please mark which facilities are contracted with your insurance:

Mountain West Medical Center    Intermountain Medical Center

Riverton Hospital    Jordan Valley Hospital    Cottonwood Surgical Center

What is your specialist Office Visit Copay? \_\_\_\_\_

What is your medical deductible? \_\_\_\_\_ How much is met? \_\_\_\_\_

What is your medical out of pocket max? \_\_\_\_\_ How much is met? \_\_\_\_\_

Do your copays apply to your out of pocket max? \_\_\_\_\_

Do you have to meet your deductible before your copays apply? \_\_\_\_\_

How is outpatient surgery covered? \_\_\_\_\_

How is inpatient surgery covered? \_\_\_\_\_

CPT (Procedure) Codes: \_\_\_\_\_

Diagnoses Codes: \_\_\_\_\_