GUIDE TO CALLING HEALTH INSURANCE REGARDING MEDICAL BENEFITS

You will need to gather the following information prior to calling your insurance company:

Information about you:
1. Your Social Security number.
2. From your insurance card:
   • Policy number or member ID: ______________________________
   • Member/Customer Service phone number: _______________________

Information about Watkins Health Services:
1. Facility NPI Number: 1942357413
2. Federal Tax ID Number: 481046038
3. Facility address: 1200 Schwegler Dr. Lawrence KS 66045

Description of procedure or service:
_________________________________________________________________________________
_________________________________________________________________________________

Medical billing codes for procedure or service:
_____________________________________________________________________________________
_____________________________________________________________________________________

Prior to speaking with Customer Service, you will enter basic information about yourself and your plan into an automated system. When prompted, select medical benefits as the reason for your call. Once you’re connected with Customer Service, ask the following questions. Be sure to write down the answers:

1. Representative or customer service agent's name: ______________________________

2. Is the service/procedure a covered benefit? ______________________________

3. Is the service/procedure considered preventative? ______________________________

4. Does a co-pay apply? ______________________________________________________

5. Does a deductible apply? ____________________________________________________

6. If so, how much is your deductible and how much of the deductible has been met? ______________________________

7. Is Watkins Health Services considered in-network? ______________________________

8. Is this a covered service/procedure if performed at Watkins Health Services? _____________

9. Ask for a Reference Number for your call: ______________________________

10. Date and time of your call: ______________________________

11. Additional notes: ____________________________________________________________

If questions remain after contacting your insurance company, bring this completed form to Watkins Health Services Business Office for assistance.