

Verify Insurance Benefits Prior to Appointment

Studio I - (Michigan)

Studio I - (Indiana)

NPI - 1942423140 Tax ID - 38-2943814
 2540 Paulmar Ave, St Joseph, MI 49085
 (P) 269-428-3400 (F) 269-428-4828

NPI - 1649572256 Tax ID - 27-3152954
 5340 Holy Cross Pkwy, Mishawaka, IN 46545
 (P) 574-231-6470 (F) 574-231-6472

Prior to calling your Insurance Company, It may be helpful to have your Diagnosis Code. They will also need the boutique Tax ID and NPI # stated above. We hold multiple contracts between both locations. Please check both location Tax ID and NPI #'s for In-Network status. Your appointment can be held at either location.

Date _____ Time _____ Representative/Name _____

Is Studio I in Network? YES NO

Do you have a Deductible? YES NO AMT _____ MET: _____ REMAINS: _____

Do you have an Out Of Pocket Cost? YES NO MET: _____ REMAINS: _____

Do you have a co-insurance? YES NO % _____

Does your policy require a Prior Authorization/ Pre-Cert/Referral? YES NO

BREAST/COMPRESSION ITEMS	HOW MANY?	HOW OFTEN?
L8000- Pocketed Bra		
L8001- Pocketed Bra w/ Integrated Prosthesis		
L8002- Pocketed Bra w/ Bi-lateral Integrated Prosthesis		
L8010- Mastectomy Sleeve		
L8015- After Surgery Garment/Bra		
L8020- Non Silicone Breast Prosthesis		
L8030- Silicone Breast Prosthesis		
L8031- Silicone Breast Prosthesis Attachable		
L8032- Reusable Nipple Prosthesis		
L8035- Custom Breast Prothesis		
S8424- Compression Sleeve		
S8427- Compression Glove		
S8428- Compression Gauntlet		

WIG/CRANIAL PROSTHESIS ITEM	HOW MANY?	HOW OFTEN?
A9282- Wig Any Type (Cranial Prosthesis)		
Is it an allowed benefit? YES <input type="checkbox"/> NO <input type="checkbox"/> Cancer <input type="checkbox"/> Alopecia <input type="checkbox"/>		
Is there a maximum payable amount or cap for a cranial prosthesis? YES <input type="checkbox"/> NO <input type="checkbox"/> AMT _____		

OUR PATIENTS ARE OUR TOP PRIORITY. INSURANCE VERIFICATION IS A CRUCIAL STEP TO HELP INSURE YOUR CLAIMS ARE PAID CORRECTLY, PREVENT UNEXPECTED BILLS, AND MAXIMIZE YOUR INSURANCE COVERAGE. PLEASE BRING THIS COMPLETED FORM TO YOUR APPOINTMENT TO AVOID RESCHEDULING. THANK YOU.