

Verify Insurance Benefits Prior to Appointment

Naturally Yours

NPI - 1306031968 Tax ID - 36-4327760

7219 S. Kingery Hwy, Willowbrook, IL 60527

(P) 630.570.5004 (F) 630.570.5059

Prior to calling your Insurance Company, It may be helpful to have your Diagnosis Code.
They will also need our Tax ID and NPI # stated above.

Your Name: _____ Insurance Company: _____

Date _____ Time _____ Representative/Name _____

Is Naturally Yours 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? (REQUIRED)	HOW OFTEN? (REQUIRED)
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/L8010/A6578 - Compression Sleeve		
S8427/A6581- Compression Glove		
S8428/A6582- 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.