Insurance Benefit Sheet Instructions

1. Fill out your name, insurance company, who you spoke with, and the time you spoke with them.
2. Ask your insurance company about each product that you are in need of based off of what type of appointment you are coming in for:

Bras/Prosthesis Single Sided	**Bras/Prosthesis Double Sided**	**Wig**
-L8000 -L8001 -L8030 -L8035	-L8000 -L8002 -L8030 -L8035	-A9282
After Surgery Single Sided	**After Surgery Double Sided**	**Compression**
-L8015 -L8001	-L8015 -L8002	-S8424/A6578 -S8427/A6581 -S8428/A6582 -A6589 -A6522 -A6528 -A6568

3. Once you have the codes for the products that you need. You will need to ask your insurance company how many and how often you are eligible for and fill that out in the chart.
4. After you have all of that information please fill out the next part asking your insurance company what your deductible, out of pocket, co-insurance, and ask if you need a Prior Authorization for any of the items you inquired about.

Please fill out all information on the page. This insurers that we will be able to give you the proper care and products that you are in need of. Please call with any questions. Bring this form filled out to your next appointment to avoid rescheduling. Thank you.

Verify Insurance Benefits Prior to Appointment

Naturally Yours

NPI - 1306031968 Tax ID - 36-4327760

7201 Kingery Hwy Ste B, 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.

PLEASE FILL OUT ALL INFORMATION BELOW

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? YES☐ NO☐ AMT_____ MET: _____ REMAINS: _____

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

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

PLEASE ASK YOUR INSURANCE FOR ALL PRODUCTS YOU ARE IN NEED OF

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		
L8015- After Surgery Garment/Bra		
L8020- Non Silicone Breast Prosthesis		
L8030- Silicone Breast Prosthesis		
L8032- Reusable Nipple Prosthesis		
L8035- Custom Breast Prothesis		
S8424/A6578 - Compression Sleeve		
S8427/A6581- Compression Glove		
S8428/A6582- Compression Gauntlet		
A6589- Compression Bra		
A6522- Compression Night Sleeve		
A6528- Compression Night Bra		
A6568- Compression Shirt with Shoulders		

WIG/HAIR PIECE	HOW MANY?	HOW OFTEN?
A9282- Wig Any Type		
Is it an allowed benefit? YES ☐ NO ☐ Is there a maximum payable amount or cap for a wig? YES☐ NO☐ AMT_____ ☐ Cancer ☐ Alopecia		

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.