

KNOW YOUR BENEFITS

Health Insurance Company Questionnaire

Contact your health insurance company. The phone number is typically listed on the back of your health insurance card. Use this form to guide your conversation and take notes. Save this document for your reference.

Health Insurance Company:

Date of Call:

Telephone Number:

Name of Health Insurance Company Representative:

Does my health insurance plan provide coverage in the Seattle, WA area?

What is the maximum out-of-pocket cost I would pay each year?

Are Hall Health Center & UW Medical Clinics contracted with my insurance?

Tax ID number: 91-1220843 or Dr. Bill Neighbor, NPI: 1265518989

What are my copays (flat fee costs) for prescription medicine?

What are my copays (flat fee costs) for appointments?

Are the Hall Health Center Pharmacy & Lab contracted with my insurance?

Tax ID number: 91-6001537

What are my outpatient mental health benefits?

What portion of the cost must I pay?

Do I have a deductible?

If so, how much and for which services?

Is intensive or outpatient mental health treatment covered?

What portion of the cost must I pay?

Do I need prior authorization or a referral for any services?

Do I have to pay co-insurance (% of cost of care)?

If so, how much?

What is my dental coverage?

What is my vision coverage?