

Parent Insurance Checklist

Date of appointment:

Traveling arrangements:

Clincial Concierge representative: ☐ Karen Long (6-8894) ☐ Shirley Salway (6-5023)

Step to take prior to arriving for your appointment:

☐	Call insurance company to determine benefits and if CCHMC is considered in network 1. If facility is in network, double check benefits to see how plan will cover your services 2. If facility is not in network but policy has out of network benefits find out what benefits are (sample questionnaire attached) 3. If facility is not in network and there are no out of network benefits find out where to send referral from PCP for special consideration. If referral required make sure to follow subsequent steps listed Address: _____ _____ Fax number: _____
☐	If referral required, call your CCHMC contact and obtain the Provider ID #s for each physician and CPT codes for each service that you will be receiving
☐	Call PCP to request referral letter be sent to insurance company and provide them with the information obtain by CCHMC
☐	Follow up with PCP's office within a week to see if referral was submitted and a response was obtained
☐	Follow up with insurance company to see if info from PCP has been received
☐	Once approval letter has been received call your CCHMC contact to provide authorization number
☐	If referral was denied, request an appeal through your PCP and request supportive documentation from your CCHMC contact to be sent to insurance company. Provide CCHMC with authorization fax number
☐	If appeal is approved, call CCHMC contact and provide authorization number
☐	If appeal process is denied, request through your PCP a peer-to-peer conference between your PCP and Medical Director of insurance company. (You may also request a peer-to-peer conference between CCHMC physicians and Medical Director of insurance company.
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