Insurance Information—Please Read!

Please note that it is your responsibility to understand your insurance benefits and coverage. Filling out this form will help us give you the most accurate **estimation** of your benefits. We will submit to your insurance as a courtesy.

If you have medical insurance and would like to receive the maximum benefits available to you from your insurance company, it is important that **you** contact your insurance company **prior to your first visit in our office**. We certainly are happy to answer any insurance questions you may have, but please understand, MN Craniofacial Center can only assist you and cannot guarantee payment from your insurance company.

Please call your medical insurance company for the following information.

1. Do I have non-surgical sleep apnea benefits? Yes or No

2. Does my benefit plan have any exclusion for sleep treatment or appliances? Yes or No

3. Do I have a deductible? Yes or No
   How much is the deductible? _____
   How much of the deductible has been met? _____

4. Do I need a Prior Authorization for DME (Durable Medical Equipment)? Yes or No
   (Give DME CODE **E0486-Oral Sleep Apnea Appliance** to your insurance representative. If that code does not work try **21110**)

   Fax number to send prior authorization: _____

5. Copayments are due on the day of service. How much is my office copay? _____

6. Is a home sleep study covered? (Give code **95806**.) Yes or No
   What percentage of the fee do I owe? _____
   (MCC may recommend a home sleep study for follow-up purposes.)

7. Which of these services will be applied to my deductible, and what percentage of the fee do I pay for them:
   A. X-Rays: _____
   B. Office Visits: _____
   C. DME (Durable Medical Equipment): _____

Name of representative you spoke with _____ Date _____

Your insurance plan may require a referral from your primary care physician to be seen in our office. You are responsible for being aware of this and for obtaining this referral if it is required.

Patient Name: Appt date:
DOB: