THE PHYSICIAN AND MIDWIFE COLLABORATIVE PRACTICE

4660 KENMORE AVENUE
SUITE 902
ALEXANDRIA, VIRGINIA 22304
TELEPHONE (703) 370-4300
FAX (703) 370-0044

2616 SHERWOOD HALL LANE
SUITE 208
ALEXANDRIA, VIRGINIA 22306
TELEPHONE (703) 780-690 0
FAX (703) 780-3418

12508 LAKE RIDGE DRIVE
LAKE RIDGE, VIRGINIA 22192
TELEPHONE (703) 491-1122
FAX (703) 690-6533

5901 KINGSTOWNE VILLAGE PKWY
SUITE 200
ALEXANDRIA, VA 22315
TELEPHONE (703) 922-3434
FAX (703)922-2799

Infertility Coverage Worksheet

Patient Name: ____

Insurance Company: ____

Ins. ID #:____________________________ Group #: _____________________________

Ins. Phone #: ________________________ Is referral needed? _____________________

Name of person spoken to: ____

What is the coverage for infertility? ______________Full ________________% of coverage

Are the following items covered under infertility:

Blood Test	Y	N	Clomid	Y	N
Vaginal Cultures (87070)	Y	N	Post Coital	Y	N
Hysterosalpingogram (74740)	Y	N	Hormonal Injections	Y	N
Sonohysterogram (76831)	Y	N	Semen Analysis (89300-89321)	Y	N
Endometrial Biopsy (58100-58110)	Y	N	In-Vitro Fertilization (58321-58322)	Y	N
Laparoscopy (49320-49329)	Y	N			

Sign: ___________________________ Date: _________________________

DAVID C GIAMMITTORIO, M.D., MARY E CUTTING, M.D., HABIB AHDOOT, M.D., KENNETH AHDOOT, M.D,
DENISE CUNNINGHAM, M.D., KIMBERLY KONGKASUWAN, M.D., SHAHRZAD TABIBI, M.D.,
TABITHA ANDRE, M.D, MELANIE MODJOROS, M.D., PATRICE VALLE, CNM,
GINA HALDEMAN, CNM, ELIZABETH ITOTE, CNM, PATRICIA GOULD, CNM, PAMELA BECKER, CNM,
BECKIE TUTERAL, CNM, DANIELLE HOCH, CNM, DONNA GREENFIELD, CNM