

IMPLANON[®]

(etonogestrel implant) 68mg

WORKSHEET FOR PATIENT CHART

Practice Name _____

Insurance Company Name _____

Phone Number _____

Patient ID# _____

Spoke with _____

Date _____

Additional information _____

Does patient have family planning coverage through employer? _____ yes _____ no

Is IMPLANON[®] a covered benefit? _____ yes _____ no

Covered under medical or pharmacy benefit? _____

What is patient co-pay or co-insurance? _____

Is there a deductible? _____ If so what is it? \$ _____

Is IMPLANON[®] subject to Buy and Bill or Assignment of Benefit through CuraScript?

Additional information _____

Coding recommendations: diagnosis _____ insertion _____ product _____

Reimbursement information: Claims will be paid at _____ %

Reimbursement for insertion \$ _____

Reimbursement of product: AWP _____ - % or WAC + _____ % Other

Name/Number of contact at plan _____

Additional information _____

Total Patient is responsible for \$ _____

Appointment date _____

Patient notified _____ yes _____ no

Method of patient payment: _____ cash _____ check _____ credit card

Additional information _____

Verified by _____

Date _____

