



## **INSURANCE CALL FORM**

**COMPANY TAX ID #86-0220090**

**DR. RICHARD H. REZNICK**

**DR. SERGIO SOTELO**

**DR. SCOTT A. CANNON**

**Today's Date:** \_\_\_\_\_

**Insurance phone #:** \_\_\_\_\_

**Name of Insurance Employee:** \_\_\_\_\_

**Main Insured (parent):** \_\_\_\_\_

**Patients Name:** \_\_\_\_\_

**Insurance ID Number:** \_\_\_\_\_

### **Questions to ask:**

- 1) **Are the physicians of Papago Buttes Pediatric Center, P.C. contracted with my child's policy? Make sure they check by the tax id above and your policy ID number.**  
\_\_\_\_\_
- 2) **What is the effective date of my policy?**  
\_\_\_\_\_
- 3) **Is there Well/Routine coverage on this policy?**  
\_\_\_\_\_
- 4) **Are there any Well/Routine maximums on this policy? If so what are they?**  
\_\_\_\_\_
- 5) **Are immunizations covered on this policy?**  
\_\_\_\_\_
- 6) **Are in office Lab procedures covered on this policy if I have them done at my doctor's office?**  
\_\_\_\_\_
- 7) **What is my responsibility to the doctor's office for a sick visit?**  
\_\_\_\_\_
- 8) **What is my responsibility to the doctor's office for a well/routine visit?**  
\_\_\_\_\_

**If you have any questions about your contact with your insurance company please feel free to call our billing department at (480) 483-0626.**