

## FMBS Benefit Verification

### Step One:

- Contact your insurance company by using the member service number on the back of the card
- Choose the option or ask to speak with the eligibility and benefit department
- You will need the patient name, id number, and date of birth
- You will need the name, location, and phone number of your provider and facility

### Key words to know:

- Provider – person who is providing care; midwife, physician, doula, dentist, naturopath, etc
- Facility – place that house the care; birth center, hospital etc
- Global Maternity – receipt of prenatal, delivery, and postpartum care by one provider

### Your insurance is made up of two type of benefit:

- In network – which means your provided is contracted with your insurance
- Out of network – which means your provided is **NOT** contracted with your insurance

### Benefit Breakdown:

- Deductible is a flat \$ amount that you must pay before your insurance will pay
- Coinsurance is a shared percentage between you and your insurance
- Your cost is based on the deductible, coinsurance, and your provider/facility network status

### Maternity Care for Home Birth – Questions to ask

- Does my insurance cover a home birth, a vaginal delivery at home?
- Does my insurance cover my provider?
- Is my provider contracted or non-contracted?
- What are my global maternity benefits for both in and out of network for the provider?

### Maternity Care for Birth Center Birth – Questions to ask

- Does my insurance cover an outpatient facility birth center birth?
- Does my insurance cover my provider?
- Is my provider contracted or non-contracted, is the facility contracted or non-contracted?
- What are my benefits for both in out of network for both the provider **and** the facility?

### Doula Care – Questions to ask

- Does my insurance cover my provider?
- Is my provider contracted or non-contracted?



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**Naturopath Care – Questions to ask**

- Does my insurance cover my provider?
- Is my provider contracted or non-contracted?
- Does my insurance cover the care we have discussed or planned (if established patient)?

**Dental Care – Questions to ask**

- Does my insurance cover my provider?
- Is my provider contracted or non-contracted?
- What items are considered preventative, basic, and major?
- At what reimbursement benefit level are they covered?

**Other Provider Care – Questions to ask**

- Does my insurance cover my provider?
- Is my provider contracted or non-contracted?
- Is the care that I am in need of a covered benefit?