



Alpine Midwifery
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INSURANCE INFORMATION

PLEASE FILL OUT AND RETURN TO SHANNON TO START THE REQUEST FOR
A "GAP" EXCEPTION WITH A COPY OF THE FRONT AND BACK OF YOUR
INSURANCE CARD

Alpine Midwifery accepts patients from all insurance plans, except government (see below) although we may not be contracted providers for your specific insurance plan. Though it is ultimately the patient's responsibility to ensure insurance participation and benefits, not Alpine Midwifery.

DATE _____

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

PHONE NUMBER _____

LMP _____ EDD _____

INSURDES

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

PHONE NUMBER _____

NAME OF PRIMARY INSURANCE COMPANY:

IS THERE A SECONDARY INSURANCE?

(NAME)_____

WHAT IS THE AMOUNT OF YOUR DEDUCTABLE _____

IS THERE AN OUT-OF-NETWORK DEDUCTABLE?

(HOW MUCH)_____

DO YOU HAVE A CO-PAY?(HOW MUCH)_____

HAS ANY OF YOUR DEDUCTABLE BEEN MET? (AMOUNT)_____

DOES YOUR INSURANCE COVER HOMEBIRTHS ASSISTED BY A
LICENSED MIDWIFE OR IS THERE A WRITEN EXCLUSION IN YOUR
POLICY? _____

MIDWIVES ARE OUT-OF-NETWORK PROVIDERS. SINCE THERE ARE NO
MIDWIVES THAT DO HOMEBIRTHS IN THE AREA THAT ARE IN-
NETWORK YOU ARE REQUESTING A “GAP” EXCEPTION: A ONE TIME
IN-NETWORK EXCEPTION FOR PAYMENT.

Government Insurance programs such as Tri care, Medical and Medicaid do not
reimburse us at this time. Alpine Midwifery office bills insurance as a courtesy to
our patients. The services you seek imply an obligation on your part to ensure
payment in full is made. You are ultimately responsible for all payment obligations
arising out of your care and guarantee payment for these services.

You are responsible for knowing and understanding your insurance policy.

Alpine Midwifery office will refund insurance payments to the client if balance
owed is zero.

We may verify your insurance benefits or submit your claims to your insurance
carrier as a courtesy to you. You agree to facilitate payment of claims by

contacting your insurance carrier when necessary, without waving any obligation to pay.

If your insurance carrier does not remit timely (within 60-90 days) payments on your claim, you will be responsible for payment of the charges. If any payment is made directly to you for services billed by us, you agree to promptly submit same to Alpine Midwifery until your account is paid in full.

Patients have the option to “self bill” their insurance company for our services. We require payment in full by 36 weeks if you choose to “self bill”. Most companies have a form online that you can fill out and submit for payment. If your company requires a “super bill” we will provide you with one.

I, the undersigned, certify that I (or my dependents) have insurance coverage with _____

And assign directly to **Lenny Sue Tinseth, Licensed Midwife** all insurance benefits, if any, and otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby **authorize Lenny Sue Tinseth, Licensed Midwife** to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ Signature _____ Date