

BENEFITS INVESTIGATION ASSESSMENT

Patient Name		
Group Number		
Effective Date		
Insurer		
Insurer Phone #		
Insurer Website		
Deductibles		
Co-pay Amount (office visits, etc.)		
Co-Insurance		
Out-of-Pocket-Maximum		
Lifetime Maximum		
Authorizations (Y/N):		
	Scans	
		MRI
		CT
		PET
	Chemotherapy	
	Radiation	
		IMRT
		IGRT
Pharmacy Benefits		
Phone Number for Pharmacy Benefits		
Deductible		
Co-pay		
Yearly Maximum		
Lifetime Maximum		