DOUGLAS INSURANCE GROUP

Doctor & Prescription Verification Worksheet

Use this before enrolling. A company name alone does not confirm a doctor, facility, or drug is covered.

CALL BOTH THE PROVIDER AND INSURER

1 Write down the exact plan

INSURANCE COMPANY
Example: insurer name

EXACT PLAN NAME / NETWORK
Use the full name shown in plan documents

PLAN ID OR SBC LINK
Summary of Benefits and Coverage

PROPOSED EFFECTIVE DATE
Confirm before ending current coverage

2 Verify every doctor and facility

Provider or facility name

Include the individual physician and the facility

- ☐ Found in insurer directory
- ☐ Provider office confirmed exact plan
- ☐ Facility confirmed
- ☐ Referral required

DATE / NAME OF PERSON WHO CONFIRMED

Repeat for specialists, hospitals, labs, imaging centers, behavioral-health providers, and urgent care.

3 Verify prescriptions

MEDICATION / DOSE	TIER / COST	RULES	PHARMACY
		☐ PA ☐ ST ☐ QL	
		☐ PA ☐ ST ☐ QL	
		☐ PA ☐ ST ☐ QL	

PA = prior authorization ST = step therapy QL = quantity limit

4 Before you enroll or cancel coverage

- ☐ Confirmed the new plan's effective date in writing
- ☐ Checked year-to-date deductible progress on current coverage
- ☐ Saved screenshots, reference numbers, and plan documents
- ☐ Compared deductible and maximum out-of-pocket costs
- ☐ Confirmed Marketplace / employer enrollment deadline
- ☐ Did not cancel existing coverage before new coverage was confirmed

NOTES / FOLLOW-UP QUESTIONS

IMPORTANT

Directories and formularies can change. Confirm directly with both the provider and insurer before enrollment or receiving care.

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Sources: HealthCare.gov plan comparison guidance and insurer plan documents.