

Medical/HMO Insurance Worksheet

My Insurance Requirements

Medical Office

- Routine doctor visits
- Annual check-ups
- Medical care for pre-existing conditions

Hospital – Lab – Treatment Services

- Diagnostic testing
- X-Rays, EKGs, biopsies , MRIs.
- Hospitalization coverage (type of room, specific benefits, duration of stay)
- Outpatient surgery
- Ambulance/Air ambulance services
- Pain treatment
- Rehabilitation services
- Cardiac care
- Radiation, bone marrow treatment and other cancer care
- Kidney dialysis and other treatment
- Organ and bone marrow transplants
- Inpatient services
- Rehabilitation, mental health, substance abuse facilities

Specialists

- Dermatology orthopedics, neurology, ENT, urology
- Speech Therapy
- Learning disability issues
- Psychiatric care and treatment/Psychological counseling
- Chiropractics
- Acupuncture

- Dental Services
- Orthodontics, periodontics oral surgery, orthogenics

OB/GYN

- Pap smears and mammography
- Newborn complications/care
- Family planning/fertility services

Pharmaceutical

- Prescription drugs
- Vitamins and nutritional supplements
- Allergy treatment care and products
- Injectables

Equipment/Devices

- Hearing aids and treatments
- Prosthetics and orthotics
- Durable medical equipment

Other Medical Needs:

How would my financial situation would it be impacted by various types of medical problems?