

**Client Letterhead**  
(Member name, Address & phone number)

Date:

Insurance Company Name  
Insurance Address (on back of insurance card)  
Insurance City, State Zip

RE: Predetermination of Benefits Request for (member name)  
ID#: #####  
Date of Birth: XX/XX/XXXX

Attn. Member Services

I am currently seeking care for maternity services. This letter is a written request for a predetermination of coverage and benefits. I will be under the care of the following provider:

Donna Tabas, CNM  
North Jersey Midwifery Care, L.L.C.  
3196 Kennedy Blvd. Ste. 10  
Union City, NJ 07087  
NPI# 1194807354

I will be delivering my baby at the following hospital, from which the Global OB care CPT code 59400 bill will be generated:

Holy Name Hospital  
718 Teaneck Road  
Teaneck, NJ 07666

My estimated due date for my baby is XXXXXX.

I am currently trying to determine my out-of-pocket expenses for this pregnancy. I request that you please inform me of the allowable amounts (Usual and Customary) for the following CPT codes for the birth that will take place in Teaneck, NJ, 07666:

CPT 59400 – Global OB care  
CPT 59425 – AP care only  
CPT 59430 - Post-partum care only

I appreciate your timely response. Thank you for your assistance.

Sincerely,  
(your name, address, email, tel #)