



**LARC SERVICES REIMBURSEMENT FORM**

**INSTRUCTIONS**

Complete the below form for five LARC insertions. For each insertion, please provide the following information:

1. Type of LARC method provided (Nexplanon, Mirena, Kyleena, Skyla, Paragard, Liletta, Paragard)
2. Payer/insurance provider for the client receiving the LARC method
3. Check which services were billed for in the submitted claim
  - a. Client visit (new client visit, evaluation & management visit, etc.)
  - b. LARC method
  - c. Insertion of LARC method
4. Detail what you received from the payer for each of the services included in the submitted claim
5. Describe whether the amount you received met your expectations, or fell below or above your expectations.

<b>INTERACTION 1</b>	
LARC Method: _____	Payer: _____
A. Check which of the below services were billed for in claim:	
<input type="checkbox"/> Client Visit <input type="checkbox"/> LARC device <input type="checkbox"/> LARC insertion	
B. Detail what you received in reimbursement for the below services (if included in the claim):	
Client Visit	\$ _____
LARC device	\$ _____
LARC insertion	\$ _____
C. Did the amount received in reimbursement for this service:	
<input type="checkbox"/> Fall below expectations? <input type="checkbox"/> Meet expectations? <input type="checkbox"/> Exceed expectations?	





**INTERACTION 2**

**LARC Method:** \_\_\_\_\_ **Payer:** \_\_\_\_\_

A. Check which of the below services were billed for in claim:

- Client Visit
- LARC device
- LARC insertion

B. Detail what you received in reimbursement for the below services (if included in the claim):

Client Visit	\$
LARC device	\$
LARC insertion	\$

C. Did the amount received in reimbursement for this service:

- Fall below expectations?
- Meet expectations?
- Exceed expectations?

**INTERACTION 3**

**LARC Method:** \_\_\_\_\_ **Payer:** \_\_\_\_\_

A. Check which of the below services were billed for in claim:

- Client Visit
- LARC device
- LARC insertion

B. Detail what you received in reimbursement for the below services (if included in the claim):

Client Visit	\$
LARC device	\$
LARC insertion	\$

C. Did the amount received in reimbursement for this service:

- Fall below expectations?
- Meet expectations?
- Exceed expectations?





**INTERACTION 4**

**LARC Method:** \_\_\_\_\_

**Payer:** \_\_\_\_\_

A. Check which of the below services were billed for in claim:

- Client Visit
- LARC device
- LARC insertion

B. Detail what you received in reimbursement for the below services (if included in the claim):

Client Visit	\$
LARC device	\$
LARC insertion	\$

C. Did the amount received in reimbursement for this service:

- Fall below expectations?
- Meet expectations?
- Exceed expectations?

**INTERACTION 5**

**LARC Method:** \_\_\_\_\_

**Payer:** \_\_\_\_\_

A. Check which of the below services were billed for in claim:

- Client Visit
- LARC device
- LARC insertion

B. Detail what you received in reimbursement for the below services (if included in the claim):

Client Visit	\$
LARC device	\$
LARC insertion	\$

C. Did the amount received in reimbursement for this service:

- Fall below expectations?
- Meet expectations?
- Exceed expectations?

