



GEORGIA REGENTS
CENTER FOR
OBESITY & METABOLISM

Patient Insurance Information and Verification Form

This form is used to review your health insurance policy coverage and help you determine if your policy contains benefits for Weight Loss Surgery. Completion of this form will not guarantee your approval for Weight Loss Surgery. A surgical pre-approval can only be obtained after the necessary documentation is sent to your health insurance provider. Also, completing this form does not guarantee the payment for your medical services rendered. Should your health insurance provider deny payment for any services, you will be responsible for the charges. We cannot be held liable for any incorrect information provided to you by your health insurance provider.

Instructions to complete this form:

1st ---- Complete the following with the information from your health insurance card:

Patient Name: _____	Patient Date of Birth: _____
Insurance Name: _____	ID Number: _____
Group Number: _____	Subscriber Name: _____
Subscriber Employer: _____	Subscriber Date of Birth: _____

2nd ---- Use this form after calling the toll-free customer service number on your insurance card. Tell the representative that you would like to check your policy benefits. Ask the questions on the back of this page as written, word-for-word, to gather your necessary coverage information. ---- **DO NOT LEAVE ANY FIELDS BLANK!**

Today's Date: _____

1. "Do I have benefit coverage for Weight Loss Surgery for Morbid Obesity, if medically necessary?" _____

2. "Would you please read me the benefit or exclusion?" → **Write this down word-for-word, below:**

3. "To whom am I speaking with?" _____

----- If the answer to Question #1 was "**No**", end the call. If "**Yes**", continue with question #4 -----



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4. "Does my Weight Loss Surgery benefit require a medically supervised weight loss trial program?" _____
5. If the answer was "**No**", skip to Question #6. If "**Yes**", then ask: "What is the program length?" _____
6. "What is the effective date of my policy?" _____
7. "What is the calendar year renewal date?" _____
8. "Do I have a pre-existing clause?" _____ If "**Yes**", go to question #9. If "**No**", skip to question #10.
9. "What is the end date of my pre-existing clause?" _____
10. "Is a referral required?" _____
11. "What is my deductible per calendar year?" _____
12. "How much have I met towards my deductible?" _____
13. "What is my maximum out-of-pocket cost per calendar year?" _____
14. "How much have I met towards my maximum out-of-pocket?" _____
15. "Is the deductible applied to my maximum out-of-pocket?" _____
16. "What is the co-insurance for my policy?" _____
17. "What is my in-patient surgical co-pay to the doctor?" _____
18. "What is my out-patient surgical co-pay to the doctor?" _____
19. "What is my in-patient surgical co-pay to the hospital?" _____
20. "What is my out-patient surgical co-pay to the hospital?" _____
21. "What is my co-pay for a Primary Care office visit?" _____
22. "What is my co-pay for a Specialist office visit?" _____
23. "What is the phone number for the pre-certification department?" _____

CPT Codes typically used for bariatric appointments and procedures: 43770-Gastric Banding, 43775-Sleeve Gastrectomy, 43644- Gastric Bypass Roux-en-Y