

Weight Loss Surgery Patient Information Coverage Verification Form

5700 Monroe. St, Suite 101 | Sylvania, Ohio 43560 | Phone: 419-291-6777 | Fax: 419-480-6607

This form is to assist in the review of your health insurance policy coverage and help you determine if your policy contains the benefit of 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 any medical services rendered. Should your health insurance provider deny payment for any services, you will be responsible for the charges. Please note that we cannot be held liable for any incorrect information provided to you by your health insurance provider.

Instructions to complete this form:

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

Patient Name: _____ Patient Date of Birth: _____
Insurance Name: _____ Address: _____
ID #: _____
Group #: _____ Phone #: _____
Subscriber Name: _____ Subscriber Date of Birth: _____
Subscriber Employer: _____ Insurance Effective Date: _____

2. Call the toll-free Customer Service number listed on the back of your insurance card. Tell the representative that you would like to check your Policy Benefits. Ask the questions as written, word-for-word, to gather your necessary coverage information. Please do not leave any fields blank.

Today's Date: _____ **To whom am I speaking with?** _____

1. Do I have benefit coverage for Weight Loss Surgery for Morbid Obesity, if medically necessary? _____
CPT codes: (procedure codes) Gastric Bypass 43644, Gastric Sleeve 43775
Diagnosis Code: Morbid Obesity E66.01.

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

3. Is there an insurance lifetime maximum for bariatric surgery? _____

4. Is a referral required to see the bariatric physician? _____

5. Do I need a 5 year Weight History? _____

6. Does my Weight Loss Surgery benefit require a Medically Supervised Weight Loss Program? _____

- Duration of Medically Supervised Weight Loss Program: _____
- Can a dietitian complete Weight Loss Program? _____
- Does Weight Loss Program require primary care physician to overlook? _____

7. (Anthem/BCBS coverage **ONLY**) Is “**Blue Distinction Facility or Mayo Clinic**” a requirement to perform Bariatric Surgery?

8. Is there a fax number that the bariatric physician can fax a pre-determination for my bariatric procedure? _____

- Attention: _____

****To check benefits for Medical Nutritional Therapy- for 3 or 6 months of supervised medical weight loss (per insurance criteria):**

Call the toll-free Customer Service number listed on the back of your insurance card. Tell the representative That you would like to check your coverage for Medical Nutritional Therapy, CPT code 97802.

Primary diagnosis: Z71.3 Dietary counseling/surveillance, Morbid obesity E66.01, diabetes E11.9, hypertension I10, hyperlipidemia E78.5.

If there is coverage, we will bill your insurance company directly. If there is no coverage, we will bill you as a cash pay patient at a special rate.