

Below is a list of questions to ask your insurance company to 1) verify bariatric surgery coverage, and 2) determine what they require in order to pay for it.

Feel free to print this document and fill in the answers, and then fax it to us, Attn: Courtney, 501-221-9672.

Once you have verified coverage, the next step is to click on the "New Patient Application" button on the home page of our website and start your registration. We look forward to working with you!

Insurance Company: _____ I spoke with: _____
Date: _____ Reference # for call if given one _____

1. Is bariatric surgery covered on my insurance plan or is it an exclusion? (If you have an exclusion, your insurance will not cover it even if it is medically necessary). (Ask us about our private pay option.)

Here are codes they can look up to verify coverage:

- 43644- Lap Gastric Bypass
- 43775- Lap Sleeve Gastrectomy
- 43770- Lap Band

2. Do I have a reduced benefit for the treatment of morbid obesity? _____

3. If yes, is it 50% up to a \$4,000 max? _____ (If no, go to next question)

4. What is my deductible? _____ What is my out of pocket? _____ Is my deductible applied to my out of pocket? _____

6. Once I have met my out of pocket, what is my benefit level? (70%, 80%, 90%, 100%) _____

7. What is my specialist visit copay? _____

8. What requirements must I complete in order to be approved?

a) Physician Supervised diet? _____ How long? 3 months 6 months 12 months _____

b) Does it have to be consecutive? _____

c) Does it have to be done by my PCP or can it be done by a dietitian who sends the visits to my PCP? _____

d) How recent does it have to be? (Past 6 months, past 12 months, past 24 months) _____

9. Do I need a weight history? (2 years, 5 years) _____

10. Do I need a clearance/referral letter from my doctor? Does it have to come from my PCP?

11. Do I need a pre-surgery psychiatric evaluation? _____ Do I need a nutrition consult? _____

13. Does surgery have to be precerted or prior authorized? _____ If yes, what phone number does my doctor's office need to call? _____

14. What fax number does all of the documentation need to be sent to? _____