



Patient Insurance Coverage Verification Form

Use this form to determine if your insurance company provides reimbursement for weight loss surgery. If the surgery is covered, pre-approval can only be obtained after the necessary documentation is submitted to your insurance company. Completing this form does not guarantee your approval for surgery, nor does it guarantee payment for your medical services. Should your insurance provider deny payment for any services, you will be responsible for the charges. Call the toll-free Customer Service number on the back of your insurance card and ask the representative if your policy covers weight loss or bariatric surgery. Use the questions below to help you determine if your insurance will pay for your surgery.

Today's Date:

1. Name of the person you are speaking with: _____
2. Do I have coverage for weight loss surgery for morbid obesity, if medically necessary? Yes No
3. What CPT codes are covered?

43644 Laparoscopic Roux-en-Y Gastric Bypass		Yes	No
43845 Duodenal Switch		Yes	No
43775 Laparoscopic Sleeve Gastrectomy		Yes	No
4. Ask for a written copy of the medical policy on surgery for morbid obesity, including the policy requirements.
5. What is my deductible per calendar year? \$ _____
6. How much have I met toward my deductible? \$ _____
7. Is there a maximum out-of-pocket expense? \$ _____
8. How much will I pay out-of-pocket for surgery? \$ _____
9. Is there a different out-of-pocket expense for the hospital and for the surgeon? Yes No
10. Do I need prior authorization from my insurance company to get coverage? Yes No
11. What is the phone number for pre-authorization? (____) _____ - _____
12. Am I required to do a medically supervised weight loss trial program? Yes No
13. How long is the process for the weight loss program? _____ Months ____ Years
14. Is a weight history required? Yes No
15. Is documentation of weight loss attempts required? Yes No
 - Are commercial attempts (Weight Watchers, etc.) acceptable? Yes No
16. What tests do I need before the insurance company approves my bariatric surgery?

<input type="checkbox"/> Psychological	<input type="checkbox"/> Cardiac Clearance	<input type="checkbox"/> Sleep Study	<input type="checkbox"/> Other _____
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17. Does the policy have a pre-existing condition clause? Yes No
18. Do I need a referral from my primary doctor? Yes No
19. Do I need a second opinion before I can have surgery? Yes No

If you have any questions or need assistance, call our Total Weight Loss Center at 816.691.5048.