

Bariatric Surgery Verification of Insurance Coverage

At Surgical Associates, we want to ensure you understand your insurance benefits with regards to bariatric surgery in order to provide you with the best possible experience.

Start by having your insurance card available and fill out Section I. Then contact your insurance company and/or your employer's human resources department and ask them the questions in Section II pertaining to your health benefits.

Bring this completed form (both pages) with you to your initial consultation. Although we participate with most insurance plans, please be aware that regardless of your policy, you will be financially responsible for all non-covered services.

Section I

Start by filling out this section first prior to calling your insurance company.

DATE			
PATIENT NAME			
ADDRESS			
DATE OF BIRTH		SOCIAL SECURITY #	
PHONE		CELL	
INSURANCE COMPANY		INSURANCE GROUP #	
INSURANCE POLICY #		INSURANCE COMPANY PHONE	
SUBSCRIBER NAME			
SUBSCRIBER ID#		SUBSCRIBER SOCIAL SECURITY #	
RELATIONSHIP TO PATIENT		SUBSCRIBER DATE OF BIRTH	

Section II

After filling out Section I, contact your insurance company and/or your employer's human resources department and ask them the following questions:

Is bariatric surgery a covered benefit under my policy?	
Is Laparoscopic Gastric Bypass (CPT code 43644) a covered benefit under my policy?	
Is Laparoscopic Gastric Banding (CPT code 43770) a covered benefit under my policy?	
Is Laparoscopic Gastric Sleeve (CPT code 43775) a covered benefit under my policy?	
Is Dr. J. R. Salameh IN NETWORK or OUT OF NETWORK?	
Is Dr. James Mayes IN NETWORK or OUT OF NETWORK?	
If my surgeon is OUT OF NETWORK, am I still covered and what is my financial responsibility?	
What percentage of the surgery is covered by my plan?	
What is my yearly deductible? Have I met it?	
If I haven't met my deductible, how much do I have to pay OUT OF POCKET before I meet it?	
What is my maximum OUT OF POCKET expense?	
What is my specialist CO-PAY amount?	
Is a referral required?	
Are there any special requirements such as a physician-supervised diet, mental health evaluation, weight history, etc. that must be completed before insurance will authorize my surgery? If so, what are they?	

I declare and affirm that the statements made herein are true and correct to the best of my knowledge, information and belief, and that I did not misrepresent any information received by my insurance company.

Signed: _____ Date: _____