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INSURANCE VERIFICATION WORKSHEET

In order to streamline the insurance process you are requested to completed this worksheet in its entirety and bring it with you to this office at the time of your appointment. You will be required to contact your insurance company to verify your benefits. **Unknown and N/A responses will not be accepted.** Please **DO NOT request this office or your other physicians** to contact your insurance company as we/they do not know the provisions of your policy.

Name: _____

Date of appt: _____

Insurance Company _____

Name of representative spoken to: _____

Do you have benefits for weight loss (bariatric) surgery? Yes No

Procedure codes your insurance company may request are listed below:

<u>Code</u>	<u>Description</u>
43847	Roux-en-Y Gastric Bypass open approach
43644	Roux-en-Y Gastric Bypass laparoscopic approach
43770	Laparoscopic Gastric Banding

Please note any special criteria your insurance company requires to meet medical necessity guidelines in the box below:

I.e.: 12 mos physician supervised weight loss program, BMI > 40, co-morbidities, etc.