Insurance Questions and Coverage

Not all insurance companies provide coverage for weight loss. Our office will contact your insurance provider to determine if you have coverage. We STRONGLY encourage you to also contact your insurance company and/or employer's human resources department to get this information as well as a copy of your policy. Please be aware that regardless of your policy, you will be responsible for all non-covered services.

Our program offers comprehensive self-pay plans to assist you. One of our Patient Navigators can provide additional information.

* Financing available through Care CreditTM

Contacting your insurance company	
As you are speaking with the insurance representative, be sure you make note of:	
• The name of the representative you spoke with:	
• The time and date you spoke to the representative: datetime	
• Their responses to your questions	
Questions we ask your insurance company that may assist you in this process:	
Is medical weight management a covered benefit under my plan?	□yes □no
Is bariatric surgery a covered benefit under my plan?	\square yes \square no
Is Laparoscopic Roux-en-Y Gastric Bypass (CPT code 43644) a covered benefit?	□yes □no
Is the Laparoscopic Gastric Sleeve (CPT code 43775) a covered benefit?	\square yes \square no
Is the Laparoscopic Duodenal Switch (CPT code 43659) a covered benefit?	□yes □no
Is Laparoscopic Adjustable Band (CPT code 43770) a covered benefit?	□yes □no
Is revision bariatric surgery a covered benefit	□yes □no
Are Dr. Glembot, Dr. Wiedower, Dr. Harden-Mack, Patrick Northcraft NP, Bonnie Paine FIN-NETWORKOUT-OF-NETWORK?	PA
If OUT-OF-NETWORK, am I still covered and what is my financial responsibility?	□yes □no
What percentage of the surgery is covered by my plan?	
What is my specialist co-pay?	δ
Is a referral required?	□yes □no
Are there special requirements, such as a physician-supervised diet, mental health evaluation	on, weight history,
etc. that must be completed before insurance will authorize surgery?	\square yes \square no
If yes, document the requirements so we can help you meet them.	

^{*} You are financially responsible for any deductibles, co-payments and/or non-covered services as required by your insurance.

^{*} Predetermination does not guarantee authorization or payment of services and is subject to exclusions and limitations.

[~] Please keep this form for your records