

Covenant Medical Group • Bariatric Center

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INSURANCE WORKSHEET

Name _____ Birth date _____

Insurance company name _____

Policy number _____ Phone number _____

The Covenant Medical Group Bariatric Surgery Center is committed to making sure you are aware of any financial obligations you may be responsible for. This worksheet can assist you with planning for possible insurance copayments and deductibles prior to your surgery. **This form must be completed prior to your first appointment.** Failure to complete this form may result in delay of appointment scheduling.

By calling the 1-800 number on the back of your insurance card, you can obtain the answers to the questions below. We are here to assist you, but ultimately it is your responsibility to determine the pre-operative requirements necessary to proceed with surgery and to verify insurance coverage.

Reminder: If you have an HMO, you will need a referral for your care.

The diagnosis codes for all bariatric procedures are:

- **E66.01 Morbid Obesity (BMI 40 or >) or E66.01 Severe Obesity (BMI 35-39)**

Do I have bariatric insurance coverage?

Procedure code

- Laparoscopic Roux-en-Y Gastric Bypass Yes No 43645
- Laparoscopic Sleeve Gastrectomy Yes No 43775

Do I have a deductible? Yes No If yes, what is the amount? _____

Are the following covered benefits?

Procedure code

- Psychological Evaluation Yes No
- Sleep Study Yes No 95810

Do I need documented medical supervised weight loss? Yes No If yes, how many months? _____

Do I need an exercise evaluation? Yes No

If my BMI is between 35 and 39, what additional criteria or health-related issues are required by my insurance? _____

Is Covenant HealthCare in your insurance company network? Yes No

The Covenant Medical Group Bariatric Surgery Center has insurance specialists to assist you with the insurance process, however, there are thousands of different insurance policies and it is not feasible for us to call and ask these questions for every patient.

NOTE: Failure to complete this form accurately and entirely may result in your insurance denying your procedure.

Signature _____ Date _____

