Name: _______________________________________

Date of Birth: ____________________________

Insurance Information Worksheet for Prospective Bariatric Patients

**Procedure Codes:**

Lap Roux-en-Y Gastric Bypass:
CPT Code: 43644

Lap Sleeve Gastrectomy:
CPT Code: 43775

**Diagnosis Code:**

Morbid Obesity: ICD-10 Code E66.01

You will need to call your insurance company to ask the following questions before your first appointment at Sparrow. Please bring this form with you to your first appointment.

Representative at Insurance Company:
Name: _______________________________________________________________________

Date of Call: __________________________

1. Is bariatric surgery a covered benefit? □ Yes □ No

2. Are above procedures (codes listed above) covered if I have surgery at Sparrow? □ Yes □ No

3. What is my insurance benefit or exclusion?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Does my weight loss surgery benefit require a medically supervised weight loss program?

   _____Yes If so, length of program? ____________

   _____ No (if no, skip to question #7)

5. Is a primary care physician required to complete the weight loss documentation or can a specialty doctor recommend and follow the weight loss program?

___________________________________________________________________________
6. What is my co-pay for a primary care office visit?  $__________________
7. What is my co-pay for a specialist care office visit?  $__________________
8. How many nutrition appointments with a registered dietitian are covered with the diagnosis of morbid obesity?
   _______ Individual (procedure code: 97803)
   _______ Group (procedure code: 97804)
9. How many appointments with a behaviorist are covered with a diagnosis of morbid obesity?
   _______ Initial visit (procedure code: 96150)
   _______ Follow up visits (procedure code: 96152)
10. When is the effective date of the policy?  (MM/DD/YYYY) __________________
11. When is the renewal date?  (MM/DD/YYYY) __________________
12. Do I have a pre-existing clause?
    _____Yes  If so, explain: _______________________________________________________
    _____No (if no, skip to #15 )
13. When is the end date of the pre-existing clause?  (MM/DD/YYYY) __________________
14. Is a referral required from my primary care physician?  □ Yes  □ No
15. What is my deductible per calendar year?  $__________________
    How much has been met?  $__________________
16. What is the maximum out-of-pocket cost per calendar year?  $__________________
    How much has been paid to date?  $__________________
17. What is the co-insurance for my policy?  $__________________
18. What is my in-patient surgical co-pay to the doctor?  $__________________
19. What is my out-patient surgical co-pay to the doctor?  $__________________
20. What is my in-patient surgical co-pay to the hospital?  $__________________
21. What is my out-patient surgical co-pay to the hospital?  $__________________
22. Is prior authorization required for bariatric surgery?  □ Yes  □ No
Insurance Information Worksheet for Prospective Weight Management Patients

You will need to call your insurance company to ask the following questions before your first appointment at Sparrow. Please bring this form with you to your first appointment.

Representative at Insurance Company:
Name: _________________________________________________________________________
Date of Call: ______________________

1. Is a medical weight management program a covered benefit? □ Yes □ No
2. Is Sparrow Health System a participating provider? □ Yes □ No
3. What is my co-pay for a primary care office visit? $__________________
4. What is my co-pay for a specialist care office visit? $__________________

5. The following appointments are possibly scheduled during a weight management program - are these procedure codes a covered benefit billed under a diagnosis code of Morbid Obesity (278.01):
   - History & Physical Exam 99215 □ Yes □ No
   - EKG (23 lead) 93005 □ Yes □ No
   - Dietitian – Initial Visit 97802 □ Yes □ No
   - Dietitian – follow up visit 97803 □ Yes □ No
   - Clinical Support Visit 99211 □ Yes □ No
   - Physician/PA follow-up visit 99212 □ Yes □ No
   - Behaviorist Initial visit 96150 □ Yes □ No
   - Behaviorist follow-up visit 96152 □ Yes □ No

If an authorization is needed before your first appointment, we will work with you to get the authorization. Please remind us that you need an authorization before we schedule consultations, tests, or appointments otherwise, the scheduled appointment or testing will not be covered by your insurance and you will be responsible for paying the bill. In addition, please notify us of any changes with your insurance.

I understand it is my responsibility to know the coverage guidelines of my insurance policy for weight management and bariatric surgery services as provided in this worksheet. I understand that my insurance company may not provide coverage for certain services offered by Sparrow Hospital’s Weight Management and Bariatric Surgery Services Program. If I proceed with receiving services through Sparrow Hospital’s Weight Management and Bariatric Surgery Services Program, I will be responsible for any costs related to any service I receive that may not be covered by my insurance company.

Patient Name: ________________________________ Date of Birth: ____________________

Patient Signature: ________________________________ Date: ______________________