



Bariatric Solutions

PATIENT INSURANCE VERIFICATION FORM

Use this form when calling your insurance company. Ask **ALL** questions and fill in all spaces.

Your Name _____

Insurance Company _____ Phone number _____

Person I spoke to _____ Reference number _____

Questions:

Is obesity and/or morbid obesity a covered diagnosis in my policy? _____

What would I be responsible for paying out of my pocket? _____

Is CPT code 43770 (Lap-Band®) covered under my policy? _____

Is CPT code 43846 (Gastric Bypass) covered under my policy? _____

Is CPT code 43775 (Gastric Sleeve) covered under my policy? _____

Is CPT code 43843 (Gastric Procedure) covered under my policy? _____

What requirements must I meet to qualify for approval? _____

Do I need a psychological evaluation? _____ Dietary evaluation? _____

Must I have been under the care of a doctor for a weight loss program? _____

If so, how long is the weight loss program? _____