



# Navigating Your Insurance

*IT IS YOUR RESPONSIBILITY, AS THE MEMBER, TO CONTACT YOUR INSURANCE COMPANY TO OBTAIN THE FOLLOWING INFORMATION. A REPRESENTATIVE OF ST FRANCIS SURGICAL WEIGHT LOSS WILL ALSO CONTACT YOUR INSURANCE, HOWEVER, WE ARE NOT RESPONSIBLE FOR ANY INCURRED EXPENSES IN THE EVENT WE ARE GIVEN MISINFORMATION REGARDING YOUR COVERAGE. IT IS ALSO YOUR RESPONSIBILITY TO INQUIRE ABOUT ANY POLICY CHANGES FORM ONE DEDUCTIBLE YEAR TO ANOTHER REGARDING COVERAGE AND/OR BENEFITS.*

## Easy to Follow Checklist to Determine Your Insurance Benefits ~ (Medicare & Medicaid Plans EXCLUDED)

1. Call the member/customer service number on the back of your card. You will need to know your ID#.

2. Give the following information:

\*You are looking to have bariatric surgery

\*Your Diagnosis Code is E66.01

\*The Procedure Codes for the surgery you are interested in is:

43775 Laparoscopic Sleeve Gastrectomy

43644 Laparoscopic Gastric Bypass

3. Ask the following questions:

\*Are these procedures covered by my insurance policy? SLEEVE YES NO  
BYPASS YES NO

\*Is bariatric surgery an exclusion on my policy? YES NO

\*Do I have a deductible that must be satisfied? \_\_\_\_\_ How much? \_\_\_\_\_

\*How much of my deductible has been met? \_\_\_\_\_

\*When does my deductible year start over? \_\_\_\_\_

\*What level (%) does my policy pay after my deductible has been met? \_\_\_\_\_

\*What is my out of pocket Maximum per year? \_\_\_\_\_ How much has been met? \_\_\_\_\_

4. Do I have a cap on the amount of bariatric coverage? YES NO If "YES" how much? \_\_\_\_\_

5. Can I obtain a copy of the Medical Policy for the Bariatric Surgery Requirements?

6. What are the Medical Policy Requirements?

BMI Minimum? \_\_\_\_\_

Supervised Diet History? \_\_\_\_\_ How Long? \_\_\_\_\_

Exercise History? \_\_\_\_\_

Weight History? \_\_\_\_\_ Years (do not confuse with a diet history)

Any Additional Requirements: \_\_\_\_\_

Ask to whom you are speaking with? \_\_\_\_\_ and for a Reference #: \_\_\_\_\_