

## PHMG Bariatrics Finances and Coverage Checklist

Not all labs, services required by our program, or office visits will be covered by your insurance plan. For help navigating the call to your insurance company to find out more about your benefits, please refer to section 2.

### SECTION 1: FINANCIAL RESPONSIBILITIES -

**By participating in the PHMG Bariatric program, I agree to the following:**

1. \_\_\_\_\_ I understand it is my responsibility to verify my own coverage, benefits, co-pays, out of pocket maximums, and potential costs with my own insurance. (Please use section 2 to assist you with this call)
2. \_\_\_\_\_ I understand that I must notify PHMG Bariatrics if any changes in my insurance occur so the clinic can re-verify benefits/coverages/authorizations required for any future office visits and surgery.
3. \_\_\_\_\_ I understand that I can obtain a surgery estimate by calling Patient Financial Services (PFS) (844) 212-1049 to obtain surgery estimates – please note it will take up to 72 hrs. for a PFS rep to return your call. When prompted, leave the appropriate CPT code:
  - CPT CODES – Sleeve Gastrectomy: 43775 / Gastric Bypass: 43644**\*\*Anesthesia is provided by a separate facility and is not part of PeaceHealth. Our estimates team is unable to provide an estimate for anesthesia charges, only facility and professional (provider) charges.**
4. \_\_\_\_\_ SELF PAY PATIENTS: I have received the bariatric surgery financial information sheet and understand that all estimated surgical charges/fees must be collected, in full, as outlined in the bariatric surgery financial information sheet. As the patient, I understand that all charges must be paid no later than 2 weeks before my surgery date.

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION 2: INSURANCE COVERAGE QUESTIONNAIRE

**Use the phone number on the back of your insurance card & determine your coverage by asking the following:**

1. Name of customer service representative/ date of call: \_\_\_\_\_
2. Does my policy have a bariatric benefit? Circle one: Yes      No
  - a. What procedures are covered? Mark all that apply:
    - 43775 Sleeve Gastrectomy
    - 43644 Gastric Bypass
3. Does my policy cover appointments with a dietitian? Yes      No
  - a. Will I have a co-pay for diet visits? Yes \$\_\_\_\_\_ No
4. What do I need to have to qualify for surgery? Mark all that apply.
  - Pre-existing conditions such as sleep apnea, high blood pressure, or diabetes?
  - Physician supervised nutrition/exercise counseling (If yes, how many months? \_\_\_\_\_)
  - Documentation of past attempts at weight loss
  - Documentation of history of obesity (If yes, how many years? \_\_\_\_\_)
  - What is your BMI requirement? \_\_\_\_\_ kg/m<sup>2</sup>
5. What is my co-pay for a specialist office visit? \_\_\_\_\_
6. What will be my out-of-pocket expense? \_\_\_\_\_
7. Do I have to go to a specific hospital for surgery? \_\_\_\_\_
8. What is the fax number for pre-authorization? \_\_\_\_\_
9. Call Reference #: \_\_\_\_\_