

# Tucson Bariatric Insurance Benefit Investigation

**Important Information:** Not every health insurance policy will cover weight loss surgery, and even those that do often have an out of pocket costs that will be your responsibility. It is important that YOU verify your insurance benefits & ask about your out of pocket costs BEFORE you begin your journey.

**Call your insurance company again to ask these questions if you change insurance policies or if your workup**

**extends into a new contract or calendar year. Benefits and network affiliations can - and do - change without notice. Your policy may undergo significant changes to comply with the requirements of the Affordable Care Act! Once you determine if you have coverage, WE will determine if you can meet the criteria.**

Contact your Insurance Company (the phone number is often found on the back of the insurance card)

Date of Call \_\_\_\_\_ Time of Call \_\_\_\_\_

Name of Representative You Spoke With (and reference number for phone call) \_\_\_\_\_

## Questions to ask when you call:

Does my plan cover weight loss (Bariatric) surgery for morbid obesity? Yes  No

Diagnosis Code E66.01 • CPT Code **43644** - Laparoscopic Gastric Bypass • CPT Code **43775** - Sleeve Gastrectomy

Does my plan cover **weight management/physician supervised** office visits? Yes  No

**If the answer is no - stop here.** If the answer is YES - ask the following questions:

Are Dr. Monash in my network Yes  No

Is Tucson Medical Center in my network? Yes  No

## Obtain all of the following information to understand your out of pocket obligations & policy limitations:

My policy annual renewal date is \_\_\_\_\_

My annual deductible is: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

How much of my deductible have I currently met? Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_

After I meet my annual deductible, what is my **co-insurance** for bariatric surgery? \_\_\_\_\_

My maximum out of pocket costs will be: \$ \_\_\_\_\_

Is there a maximum Bariatric surgery benefit? Yes  No  Amount: \_\_\_\_\_

**Note: This may include a dollar limit or a limitation of one surgery per lifetime regardless of the insurer.**