INSURANCE BENEFITS CHECK

INSURANCE: Please call your insurance company

Return this form along with your completed Health History packet to Lakewood. Once both are received you will be contacted to arrange a consultation appointment. It is important for you to know the information you receive from your insurance company is an overview of your benefits and cannot be considered a guarantee of payment. If questions arise while contacting your insurance company, please ask them to clarify.

Patient Name: _____ Date of Birth: _____

MEDICAL INSURANCE INFORMATION: Policy Holder's Name and Relationship to Patient

Name: _____ Relationship: _____

Insurance Company Name: _____ Location (State): _____

Phone Number: _____ Fax Number: _____

Medical Insurance Policy Number: _____ Group Number: _____

GENERAL INSURANCE INFORMATION

Name of the person you spoke to: _____ Extension: _____

Date of contact with insurance company (Today's date): _____

Is my insurance coverage current? YES NO If yes, how much? _____

Do I have a deductible? YES NO If yes, how much? _____

Do I have an out-of-pocket maximum? YES NO If yes, how much? _____

Do I have co-pays? YES NO If yes, how much? _____

Do my co-pays go towards my deductible? YES NO

Do I have co-insurance? YES NO If yes, how much? _____

INFORMATION SPECIFIC TO BARIATRIC SURGERY

Is bariatric weight loss surgery covered by my insurance? YES NO

Gastric Sleeve CPT Code: *43775* (CPT codes are codes used for billing surgery)

Will my surgery be covered at Lakewood Health System in Staples, Minnesota? YES NO

Will my surgery be covered if performed by Dr. Jay Lenz? YES NO

Is it required for my surgery to be performed at a Bariatric Center of Excellence? YES NO

Which type of Bariatric Center of Excellence is required?

- ☐ Metabolic & Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- ☐ Blue Center of Distinction
- ☐ Health Partners Preferred Choice Member Program

NUTRITION REQUIREMENT

Do I have coverage for clinical nutrition visits? YES NO

Number of visits required for bariatric surgery? _____

Is there a limit to the number of visits that will be covered in one calendar year? YES NO

If yes, how many will be covered? _____

PSYCHOLOGICAL REQUIREMENT:

Do I have coverage for a bariatric psychological evaluation, testing & any other recommended follow up? YES NO

Is there a limit to the number of visits that will be covered in one calendar year? YES NO

If yes, how many will be covered? _____