



PHYSICIANS' CLINIC
of Iowa, P.C.

Bariatric Surgery Insurance Questionnaire

Please contact your insurance and fill this form out prior to your initial consultation with Dr. Milburn. It is your responsibility to understand your insurance coverage. You will need to bring this form with you to your visit. If you have a secondary coverage, please ask the same questions as we will need those responses as well. This is a requirement prior to moving forward in the bariatric surgery process. If you are covered under Medicare, be sure to ask for a list of requirements for coverage of bariatric surgery as they do not have a prior authorization system and you will not know if you are covered until after the procedure.

Insurance Company: _____ **Reference # for call** _____

Date of call: _____ **Name of Representative you spoke with:** _____

1. Is bariatric (metabolic) surgery covered on my insurance plan? **YES** **NO**

a. Is it an exclusion? _____ (If you have an exclusion, your insurance will not cover it even if it is medically necessary).

Your insurance may ask for CPT codes, the following codes are possible for Dr. Milburn to use based on your surgery type:

43644 – Lap Gastric Bypass

43775 – Lap Sleeve Gastrectomy

43774 – Lap Band Removal

2. Is Physicians' Clinic of Iowa in my network? (NPI 1760480289) **YES** **NO**

Address: 202 10th St SE Cedar Rapids, IA 52403

3. Is Dr. Rebecca Milburn a covered specialist? (NPI 1811345382) **YES** **NO**

Address: 202 10th St SE Cedar Rapids, IA 52403

4. Do I have to go to a Center of Excellence or Blue Distinction Center to have my procedure? **YES** **NO**

If yes, name of facility which my surgery needs to be performed _____

If facility is not Physicians' Clinic of Iowa or UnityPoint Health-St Luke's Hospital, please call the office and speak with Dr Milburn's nurse before coming to your appointment.

5. Do my benefits start every calendar year or every fiscal year? _____

6. How much is my deductible and how much is remaining? _____

7. Do I have co-insurance, if so, what is the percentage? _____

8. How much is my out-of-pocket and how much is remaining? _____

9. What is my specialist copay? _____