



Bariatric Surgery Insurance Questionnaire

We encourage you to contact your insurance company prior to your initial consultation to ensure that bariatric surgery and its ancillary services are a covered benefit on your individual insurance plan, as not all insurance plans cover bariatric surgery services. Please note this is not asking you to obtain authorization or approval for the actual surgery. **Our office will be responsible for submitting the required documentation and information for approval of the surgery once you've completed all the required steps of the program.** This is simply a tool to help you ensure bariatric surgery is a benefit covered under your plan before you begin the process and what you may expect to pay out of pocket.

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 or procedure codes. One of the following codes would be used based on your surgery type:

43644 – Lap Gastric Bypass

43775 – Lap Sleeve Gastrectomy

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. Bradley Gordan a covered specialist? (NPI 1134562762) **YES** **NO**

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

4. Are nutrition services a covered benefit? **YES** **NO**

The following CPT codes may be requested:

97802- Initial Assessment

97803- Reassessment and Intervention

5. Are psychiatric services a covered benefit? **YES** **NO**

The following CPT codes may be requested:

90791- Psychological Diagnostic Evaluation

96130- Psychiatric Testing

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

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

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

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

10. What is my specialist copay? _____