BAPTIST HEALTH®
PADUCAH

Determining Your Insurance Benefits

Use the following form to assist you with calling your insurance company to determine whether your insurance policy has benefits for weight loss surgery.

1 Call the customer service number located on your insurance card.
2 Tell the respresentative that you would like to check policy benefits.
3 The questions below should be read word for word to the representative to insure the most accurate information possible.
4 Do not skip any questions and fill in the answers.
5 Ask the representative to fax a summary of your bariatric benefits to 270-443-0235.
6 If you have more than 1 insurance, fill out this form for each insurance policy.
7 Bring the completed form along with your insurance cards with you to your next appointment.

	Question for Representative	Answer from Representative
1	Please look in my current year certificate of coverage. Do I have benefits for weight loss surgery for morbid obesity if medically necessary?	**YES** (continue with this form) **NO** (complete #s 2, 23, 25 & 27-79)

***An exclusion occurs when the policy purchased does not come with weight loss surgery benefits. If the insurance company representative told you that you have a contract exclusion in your policy that means that surgery will not be paid for even if it is medically necessary. The insurance company is not saying you don't need weight loss surgery, they are saying they are not going to pay for it. A contract exclusion can only be overturned if you have a self-funded policy.**

2	Have the representative read the benefit or exclusion to you. Write it down word for word.	
3	Is medical treatment for obesity or nutrition counseling for obesity covered?	
4	What are the exclusions for surgical treatment of obesity?	
5	Which procedures are covered? Laparascopic Gastic Banding (43770)? Laparascopic Sleeve Gastrectomy (43775)? Laparascopic Gastric Bypass (43644)?	
6	Do I have a Bariatric Lifetime Max?	
7	Am I required to have weight loss surgery at a Center of Excellence facility?	
8	Is Dr Paige Quintero in my network?	
9	Is Baptist Health Paducah in my network?	
10	What is the effective date of my policy?	
11	What is the calendar year renewal date?	

12	Do I have a pre-existing clause?	
13	If yes, what is the end date of the pre-existing clause?	
14	Is a pre-authorization needed for specialist visits?	
15	Is a referral required?	
16	What is the deductible per calendar year?	
17	How much have I met towards my deductible?	
18	What is the maximum out of pocket per calendar year?	
19	How much have I met towards my maximum out of pocket?	
20	Is the deductible applied to the maximum out of pocket?	
21	What is the co-insurance percent of my policy?	
22	What are my financial obligations to the doctor for inpatient surgery?	
23	What are my financial obligations to the doctor for outpatient surgery?	
24	What are my financial obligations to the hospital for inpatient surgery?	
25	What are my financial obligations to the hospital for outpatient surgery?	
26	What are my financial obligations to the hospital for outpatient diagnostics? (routine labs, x-rays)	
27	What is my copay for a primary care office visit?	
28	What is my copay for a specialist office visit)	
29	What is the fax number for pre-determination?	
30	Name of Representative	
31	Date you spoke to Representative	

Disclaimer:
Completion of this form does not mean you are approved for weight loss surgery. A surgical pre-approval can only be obtained once the necessary documentation we send to the insurance company. Baptist Health Paducah is not responsible for incorrect information the insurance company may provide you.

I have spoken to my insurance company and answered the above questions to the best of my abilities. I have read the disclaimer and understand that I have not been approved for surgery.

Patient signature:_____ Date:_____