

Insurance Verification Form

Please contact your insurance company and request the following information. **Complete this form and bring it with you to your first appointment with the surgeon or fax it to 515-327-2019.**

Patient Name: _____ Date of Birth: _____

Name of Insurance Company (include state if it is listed): _____

Insurance Company Phone Number: _____

Policy # or Member ID #: _____ Group #: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Subscriber's Employer: _____

(Fill out the information above before you contact your insurance company).

Date and time that I called: _____ am / pm Who I spoke to: _____

"Is weight loss surgery covered under my policy?"

Vertical Sleeve Gastrectomy Surgery code: 43775 Yes / No

"Is Belmond Community Hospital/Iowa Specialty Hospital and Dr. Todd Eibes in network?"

Verify if Hospital NPI #1932142726 is in net work with your plan. Yes/No

Verify if Dr. Eibes NPI #1043279706 is in net work with your plan. Yes/No

"What is my deductible?" \$ _____ "How much has been met?" \$ _____

"What is my out-of-pocket?" \$ _____ "How much has been met?" \$ _____

"What is my co-insurance, if any?" _____

"Do I have a lifetime maximum for this surgery?" _____ If yes, how much \$: _____

"What are the requirements and criteria for approval for surgery?"

"Are the following covered under my plan benefits?"

Psychosocial Evaluation CPT code: 90791 Yes / No

Psychological Testing CPT code: 96101 Yes / No

If you have any questions, please feel free to contact our office at 515-327-2000.



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