

1089 JORDAN CREEK PARKWAY SUITE 116

WEST DES MOINES, IA 50266 (515) 327-2000

(515) 327-2019 FAX

# Insurance Verification Form

You will need to 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 above information 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?” 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?”

Psychological 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.

**REVISION DATE 5/18/22 IOWAWEIGHTLOSS.COM**