

# Insurance Verification Form

NAME (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**\*\*This information will verify your coverage and identify any out-of-pocket expenses you may incur. It is YOUR responsibility to confirm weight loss surgery benefits and financial responsibility with your insurance company. If you have any questions or concerns after you call your insurance company, please contact our pre-certification nurse at 610-619-8426.**

## THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY ALL PATIENTS

Name of Primary Insurance (exactly as it is written on card) \_\_\_\_\_

Is your insurance through YOU or YOUR spouse's employer?  YES  NO

Is your insurance through the health exchange (Obama Care)?  YES  NO  
(If you answered YES to this question, weight loss surgery is not a covered benefit under these plans.)

Is your insurance an extension of health benefits through a previous employer? (COBRA)  YES  NO

## PLEASE CONTACT YOUR INSURANCE BENEFITS DEPARTMENT AND COMPLETE THE QUESTIONS BELOW TO DETERMINE BARIATRIC SURGERY COVERAGE

1. Telephone # and name of the person you spoke to \_\_\_\_\_
2. Date/time you spoke to them \_\_\_\_\_ Reference # to call \_\_\_\_\_
3. Does my specific benefit package cover bariatric weight loss surgery?  YES  NO  
(If you answered no, bariatric surgery is not a covered benefit)
4. Does my specific benefit package cover repeat (revision/conversion) bariatric weight loss surgery?  YES  NO  
(If you answered NO and had weight lost surgery in the past, a repeat surgery is not a covered benefit)
5. Is Crozer Chester Medical Center/Springfield Hoapital/Delaware County Memorial Hospital a participating facility?  YES  NO
6. Do I have a deductible?  YES  NO If so, how much is it? \_\_\_\_\_
7. Is inpatient hospitalization covered at 100%  YES  NO  
\*If not, what percentage is my responsibility (co-insurance)? \_\_\_\_\_
8. What is my maximum \$\$ amount out of pocket if I'm not covered at 100%? \_\_\_\_\_
9. Do I have benefits for nutritional counseling?  YES  NO  
\*If so, how many covered visits can I have per year? \_\_\_\_\_.
10. Do I need referrals from my Primary Care Physician to go to specialist or to have radiology procedures?  YES  NO

**Please note:** You, the patient, will be responsible for any copays, deductibles, and any other out of pocket expenses prior to surgery. You will be required to pay for any deductible or co-insurance in full prior to your date of surgery.

Signature \_\_\_\_\_ Date completed \_\_\_\_\_