

HOW DO I KNOW IF I HAVE INSURANCE BENEFITS?

EXTREMELY IMPORTANT INFORMATION

When preparing for bariatric surgery, it is important that you understand the benefits of your individual insurance policy. Some insurance plans exclude bariatric surgery as a benefit for their members. All insurance policies are different, and your specific benefits and requirements for approval will depend upon your individual policy. There are several ways to find out if you have weight loss surgery (bariatric) benefits under your health insurance policy.

Our suggestions are as follows:

- Call the customer service telephone number on your insurance card
- Check with your Human Resources department if you have insurance through your employer
- Check your plan booklet/certificate
- Check your insurance company's website

Questions that you will need to ask are:

- Does my benefit plan cover weight loss (bariatric) surgery?
(If you are interested in the lap band, ask for coverage for CPT code 43770.)
- How can I get a list of clinical requirements and criteria for approval?
- What is my deductible? How much has been met?
- What is my co-insurance (the portion of the surgical fee that you will be responsible for)?
- Is the doctor in my network or out of my network?
- Will my follow-up visits be covered? Will I have a co-pay?

Other Resource, the Lap-Band Reimbursement Hotline: 1-800-LAP-BAND (1-800-527-2263)

Patients interested in the adjustable gastric banding surgery can call Monday through Friday from 9 a.m. until 8 p.m. ET. The hotline specialists provide valuable services, such as coverage criteria, assistance in obtaining insurance verification, and appeal services for the adjustable gastric banding surgery.

If you do have benefits for weight loss surgery, Georgia Coast Surgical will assist you in getting preauthorization or precertification. This process will be started at the time of your initial consultation with one of our surgeons. We will need to submit to your insurance company a letter of medical necessity, proof of a psychological screening and nutritional counseling.



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Additional documentation may also include:

- List of all your medications and dosages
- Physician supervised diet information and documentation
- Personal diet histories documentation (i.e., Weight Watchers, Jenny Craig, etc.)
- Copies of previous surgery records (operative reports, anesthesia reports, discharge reports, lab reports within 45 days, results of cardiac and pulmonary tests)

All insurance companies are different and have different documentation requirements. We work with each of our patients on an individual basis during this precertification process to submit the necessary documentations to get approval for surgery.

Next page is a worksheet for you to utilize when contacting your insurance carrier. This worksheet is intended to be used as a tool to assist you while you are determining whether your plan covers weight loss surgery.



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My Record of Insurance Verification

Date _____ Time _____

My Full Name _____

My Insurance Carrier is _____

The phone number for customer service is _____

My ID/Policy # is _____

My Group # is _____

I spoke to _____ (Cust. Svc Rep's Name)

Is weight loss (bariatric) surgery covered under my policy? (CPT 43770) _____

Is my doctor in or out of my network? In network Out of network

How much is my deductible? _____

How much has been met? _____

What is my coinsurance portion? _____

Are my follow-up visits and/or lap band adjustments covered? Yes No

Where can I get a list of the criteria and requirements for approval? _____

Additional Notes _____



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