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Insurance Benefit Worksheet

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**Dr. Fox requires that this worksheet be completed in its entirety.
Please bring this worksheet with you to your first office visit**

*Patient's Name _____ *Date of Birth _____

*Subscriber Name _____ *Date of Birth _____

*Insurance Company _____ *Phone No. _____

*Policy No. _____ *Group No. _____

Name of person you spoke to _____ Today's Date _____

*Please fill in these blanks prior to calling Insurance Company

Please confirm with your insurance company that your policy has coverage for the **SURGICAL TREATMENT OF MORBID OBESITY** when medically necessary.

Questions to ask:

- 1) Is CPT code 43770 a covered benefit? Yes or No **
- 2) Is ICD-9 Diagnosis Code 278.01 a billable code? Yes or No

**** If no**, this means obesity surgery is **EXCLUDED**. Your employer has chosen **NOT** to have this procedure in your health plan coverage. This is your employer's choice; it has nothing to do with the insurance company in general. It is very difficult, if not impossible, to fight and override an 'exclusion'. Talk to our office about other options. **If yes**, continue on with the following:

As far as the "In Network" Benefits for Outpatient Surgery

"What is my Deductible \$ _____ How much have I met \$ _____

"What is my maximum Out of Pocket \$ _____

"How much have I met \$ _____

"Do I have "Out of Network" Benefits? Yes or No If **NO** stop here.

If **YES** continue on:

"What is my Deductible \$ _____ How much have I met \$ _____

"What is my maximum Out of Pocket \$ _____

"How much have I met \$ _____

Signature _____ Today's Date _____