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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 # _____

*Policy Number _____ *Group No. _____

Name of person you spoke to _____ Phone # _____ Date _____

Effective Date of Policy _____ Termination Date of Policy _____

Please confirm with your insurance company that your policy has coverage for the SURGICAL TREATMENT OF MORBID OBESITY when medically necessary. What requirements have to be met? For example, BMI 40 or greater or BMI 35-40 with certain associated health problems.

ICD-9 Diagnosis Code 278.01 Lap Band procedure CPT code 43770 Yes or No

If **no**, this means there is an exclusion. Your employer has chosen NOT to have this procedure in your health plan coverage. This is the employer's choice; it has nothing to do with whether or not a particular insurance company covers the procedure. It is very difficult, if not impossible, to fight and override an 'exclusion.' Talk to our office about other options.

Are there any policy restrictions? _____

In Network Benefits for Outpatient Surgery

My Co-Insurance pays at _____% for surgeon

My Deductible is \$_____ I have met _____

Maximum Out of Pocket Yearly Expense _____
Met _____

Is there a *maximum* lifetime benefit for this Lap Band weight loss surgery (CPT Code 43770)? Y / N
If so, what amount? \$ _____

Does Insurance Co. want Pre-Determination Letter to be Faxed _____

(Phone #)

Do I have Out of Network Benefits?

Y / N

Plan pays at _____% for surgeon

Deductible \$_____ Met _____

Max Out of Pocket _____ Met _____

Lifetime Max _____

***Please fill in these blanks prior to calling Insurance Company**