

# Louis Fox, MD. F.A.C.S.

Phone: (972) 566-4560  
Fax : (972) 566-6239

Insurance Benefit Worksheet

[DrFox@sbcglobal.net](mailto:DrFox@sbcglobal.net)  
[www.LapBand4U.com](http://www.LapBand4U.com)

**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 \_\_\_\_\_