New Life **Weight Loss & Advanced Laparoscopic Surgery**
317 S. 14th Street, Suite 1 Herrin IL 62948
Telephone (618) 988-6171, Facsimile: (618) 988-6174

INSURANCE VERIFICATION SUMMARY

Please place "n/a" in the blank if you are told that a certain criterion does not apply to you. You will need to fill out one of these forms for EACH insurance that you are covered under.

You should find the following items on your insurance card.

Patient Name: ____ **DOB**: ___/___/___

Insurance Plan: __________________________ **Subscriber name/DOB**: ___________________________________

ID #: ____ **Group #**: __________________________________

Please call the customer service or benefits verification number on your insurance card to ask the following**:**

(It is always best to get at least the first name and last initial of the person you are speaking to.)

Date of Call: ___/___/___ **Time**: ___:___ am / pm **Who Did You Talk To?** ______________________________

Is Bariatric Surgery A Covered Service? _______________________________ ☐Bypass ☐Sleeve

If your insurance asks for a CPT code, they are as follows: Sleeve- 43775, Bypass- 43644

If your insurance asks for a diagnosis code, use E66.01- If your insurance is Healthlink call the office, as the code is BMI specific

Is a pre-certification/pre-determination required? YES NO

Deductible: Individual $________/Family $_________ **Used**: Individual$________/Family $________

Out of Pocket: Individual $________/Family $_________ **Used**: Individual $______/Family $______

Covered 100% after Out of Pocket Maximum is met? YES NO

Annual Benefit Maximum: $____________ **Used**: $___________ **If Contract Year, Dates:** ___/___/___ to ___/___/___

BENEFIT SUMMARY

Specialist Office Visit Copay: $___.___ **Outpatient Facility Copay:** $_____.___ **Inpatient Facility Copay:** $_____.___

Patient Signature: _______________________________ **Date:**_____________________________

**** YOU MUST BRING THIS COMPLETED FORM TO YOUR INITIAL VISIT WITH NEW LIFE ALONG WITH YOUR PRIMARY CARE REFERRAL TO BE SEEN! ****