



INSURANCE BENEFIT QUESTIONNAIRE

This is a guide only and not intended to cover every question or situation.

1. Name of the person you spoke to: _____

2. Does my insurance plan cover Bariatric Surgery? Yes No

3. Does my insurance cover surgery at OSF Healthcare St. Francis Medical Center? Yes No
(Tax ID: 37-0662569)

4. Does my plan require a referral from my PCP to a Bariatric Surgeon? Yes No

5. Does my plan require a medically supervised weight loss program? Yes No

If yes, How long and what are the requirements?

6. Does my plan cover the Assistant Surgeon? Yes No

7. My Co-Insurance/Co-pay for an office visit is:

8. My Co-Insurance and/or Co-pay for an inpatient hospital stay is:

9. My Deductible is: \$ _____ I have met \$ _____ this year.

10. My Maximum out of pocket yearly expense is: \$ _____

11. I have met \$ _____ of my out of pocket this year.

12. Is there a maximum lifetime benefit for bariatric surgery? Yes No

If yes, what is the amount? \$ _____

If your Insurance requires a CPT or ICD-10 code to obtain bariatric benefits, the following are codes you can give to them. **These are general bariatric codes and may not apply to you specifically**, but they will allow you to obtain benefit information:

CPT Code: 43644 ICD-10 code: E66.01