GHP
Grand Health
PARTNERS

It is your responsibility to call your insurance company and verify that you have coverage for Bariatric Surgery and what the specific criteria are. This call *must* be made and this form *must* be filled out before you can schedule any appointments.

The following questions will help start your discussion with your insurance carrier regarding coverage. If you need more space to write please use the back of this sheet:

1. Do I have coverage for Bariatric surgery? _____
2. Is it one Bariatric Surgery per life time? _____
3. Grand Health Partners is a specialist office. What is my copay for a specialist? _____
4. Do I need authorization for my first visit at Grand Health Partners?
   Yes_____ No_____
5. Am I a Member of the **Spectrum Health Partners Plan** or **The West MI Partners Plan**? (for Priority Health)
   Yes_____ No_____
6. What criteria do I need to meet in order to be considered for bariatric surgery?
7. Is there a requirement for a medically supervised weight loss program and if so, how long must I be in the program?
8. Is my insurance in network or out of network* with Grand Health Partners? If out of network are there additional out of pocket fees? (Information your insurance may need: Office Tax ID: 26-283-8743 or Office NPI: 101-316-6222)
   Yes_____ No_____

Other information your insurance carrier may need:

1. Diagnosis Code= E66.01
2. Procedure Code for open Roux En Y= 43846
3. Procedure Code for laparoscopic Roux En Y= 43644 or 43645 for Long Limb Roux En Y
4. Procedure Code for Biliopancreatic Diversion with Duodenal Switch=43845
5. Procedure Code for Gastric Sleeve=43775

I have called my insurance company to verify that I have coverage for Bariatric Surgery, what the requirements are, and if there is a pre-existing clause. I understand that if my claim is denied due to any of the above mentioned conditions, I will be responsible for all charges.

_____ _____
Print DOB

_____ _____
Patient Signature Date

*See backside of this form for definition of terms

2060 East Paris Ave. SE | STE 100| Grand Rapids, MI | 49546
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Network: The group of doctors and providers who agree to accept your health insurance. Health insurers negotiate and contract rates for care with certain doctors, hospitals and clinics that are generally lower than their cash-pay prices.

Out-of-network: This refers to a provider with which your insurance plan has not negotiated a discounted rate. If you get care from an out-of-network provider, you may have to pay the entire bill yourself or just a portion. Your portion of out-of-network charges should be indicated in your insurance policy summary.

In-network: A provider who has agreed to work with your insurance plan and has negotiated lower payment rates. When you go in-network, your bills will typically be cheaper than if you go out-of-network and what you pay will count toward your deductible and out-of-pocket maximum.

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