<div align="center">

Insurance Questionnaire

Important! Please use this form when calling your insurance company.
Ask ALL questions and fill in all spaces as you talk with your insurance care specialist.
Bring this completed form with you to your initial consultation with Dr. Johnny Perez.

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Name: _____

Insurance Company: _____

Insurance Company Phone Number I called: _____

Name of the customer service representative: _____

Call back number for the customer service representative: _____

Questions I Need to Ask:

1. Is there an exclusion for morbid obesity in my insurance policy? _____

2. Is morbid obesity (dx code: 278.01) a covered benefit in my policy? _____

3. What is my benefit level for the treatment of morbid obesity up to and including surgery?
(Is it 80/20? Is it 60/40?) _____

4. Are the following <u>CPT Codes</u> included in my policy?

   - 43770 Laparoscopic, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg. **gastric band** and subcutaneous port components)
   - 43775 Laparoscopic longitudinal gastrectomy, ie **sleeve gastrectomy**
   - 43644 Laparoscopic **gastric bypass**, short (<1OOcm)
   - 43645 Laparoscopic **gastric bypass**, long (>150 em)
   - 43846 Open **gastric bypass**, short (<100cm)
   - 43846 Open **gastric bypass**, long (>150 em)

5. What criteria must be met for approval?

   _____

   _____

6. Do I need a psychiatric evaluation? _____

7. Do I need dietary consultation(s) prior to final approval? _____
If yes, how many? _____

8. Do I need chart notes of supervised dietary attempts and a letter from the physician who followed me? (How many, how recent, and how long must the attempts be?)

_____

9. Is Dr. Johnny Perez a covered specialist in my insurance network?

_____

10. Is Thibodaux Regional Medical Center in my insurance network?_____

11. Am I required to have surgery at a bariatric "Center of Excellence"?_____

12.1s there any other information I haven't mentioned that the insurance company is going to need?_____

13. What is the fax number to where the medical documentation is to be sent for prior authorization?_____