

INSURANCE QUESTIONS

TIP SHEET

Below is some information and questions that will help guide you when speaking with your insurance provider.

You will be having your procedure at AdventHealth Redmond. Below is some information about our facility you may need to provide:

	<u>Surgery Location</u>	<u>Office Location</u>	
Facility Name:	AdventHealth Redmond	Facility Name:	Harbin Clinic
Facility NPI:	1508810565	Tax ID:	58-2234927
Tax ID:	58-1123037	Address:	1825 Martha Berry Blvd.
Address:	501 Redmond Rd.	City, State, Zip:	Rome, Georgia 30165
City, State, Zip:	Rome, Georgia 30165	Phone Number:	706-509-6821
Phone Number:	706-291-0291		

Do I have bariatric weight loss surgery coverage?

CPT codes to provide → Sleeve: 43775 | Bypass: 43644

- **YES OR NO**
- ***If your plan does not offer bariatric surgery, there may be other options for you such as self-pay. Please contact Sarah Hunt at 706-802-3876 for more information.***

Does your policy require an insurance approved “Center of Excellence”:

- ***For Cigna ask, “Does my policy require me to go to a Cigna Center of Excellence?”***
 - **YES OR NO**
- ***For BlueCross Blue Shield ask, “Does my policy require me to go to a “BlueCross BlueShield Blue Distinction Center?”***
 - **YES OR NO**
- ***For Aetna ask, “Does my policy require me to go to an Aetna Institute of Quality (IOQ) ?”***
 - **YES OR NO**
- ***For all other providers please ask, “Does my policy have any restrictions on which centers I can use for bariatric surgery, or does it require a Center of Excellence?”***

What is my total deductible for an individual?

- \$ _____

How much of my total deductible for an individual is remaining?

- \$ _____

- What is my total OUT-OF-POCKET MAX?
 - \$ _____
 - How much of my total OUT-OF-POCKET MAX is remaining?
 - \$ _____
 - Does my DEDUCTIBLE count towards my OUT-OF-POCKET MAX?
 - YES OR NO
 - Do my CO-PAYS or CO-INSURANCE count towards my OUT-OF-POCKET MAX?
 - YES OR NO
 - What percentage of the surgery is covered by insurance?
 - _____%
 - What percentage of my surgery am I responsible for after meeting my total deductible?
 - _____%
 - What are the medical criteria/ requirements that must be completed prior to having surgery?
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - Name of the person you spoke with:
 - _____
 - Reference number:
 - _____
 - Date you spoke with your insurance provider:
 - _____
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This form MUST be completed prior to your one-on-one bariatric surgery coordinator session.

PLEASE KEEP THIS COMPLETED TIP SHEET FOR YOUR RECORDS