



# ST. JOHN WEIGHT LOSS CENTER

## Insurance Coverage Worksheet

Dear Patient,

The St. John Weight Loss Center is committed to making sure you are aware of any financial obligation you may be responsible for related to your upcoming weight loss surgery. **Please be aware that all co-pays and deductibles must be paid in full prior to surgery.** Please call your insurance company for assistance in answering the following questions.

Surgeons:

Gary Katz, DO  
 David Siegel, DO  
 Mustafa Hares, MD  
 Alfred Schneider, MD  
 Kerry Kole, DO

Hospital:

St. John Oakland  
 27351 Dequindre Rd  
 Madison Heights, MI 48071

Codes:

Procedure: 43846 (open gastric bypass)  
 Procedure: 43644 (laparoscopic gastric bypass)  
 Procedure: 43770 (laparoscopic adjustable band)  
 Procedure: 43848 (revision)  
 Diagnosis: 278.01 (morbid obesity)

1. Is weight loss surgery a covered benefit? \_\_\_\_\_
2. Do I have a deductible? If yes, what is that amount? \_\_\_\_\_
3. Do I have a co-pay? If yes, what is that amount? \_\_\_\_\_
4. Is St. John Oakland an "in-network" facility? \_\_\_\_\_
5. Is my surgeon an "in-network" provider for bariatric surgery? (Tax id: 383322109) \_\_\_\_\_
6. If my provider or facility is "out-of-network" for what amount am I responsible? \_\_\_\_\_
7. Do I have a maximum dollar amount for weight loss surgery? If yes, what is the amount? \_\_\_\_\_
8. Do I need a referral? \_\_\_\_\_

What are the requirements for weight loss surgery? \_\_\_\_\_

\*\*If you are unable to reach someone at the insurance company please contact your Human Resource or Worklife Benefits representative to find out if there is an exclusion for weight loss surgery. You can also refer to your benefit booklet provided by your insurance carrier at the beginning of the year.

This worksheet **MUST** be returned to the **St. John Weight Loss Center** at the following address:

27483 Dequindre, Ste. 204  
 Madison Heights, MI 48071  
 FAX: 248-967-7330

Thank you for your cooperation. If you have any questions, please call us toll-free at 1-866-823-4458.

**PRIOR TO SURGERY A FINANCIAL COUNSELOR FROM OAKLAND HOSPITAL WILL CONTACT YOU TO DISCUSS YOUR FINANCIAL RESPONSIBILITIES.**

Print Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Should benefits, calendar year, or insurance coverage change during the process, you will be responsible for obtaining this information again. Also if you have more than one insurance carrier, you should complete this form for both companies.