

INSURANCE QUESTIONS

TIP SHEET

PLEASE VERIFY WITH YOUR INSURANCE COMPANY THE INFORMATION PROVIDED TO YOU BY OUR TEAM

PLEASE KEEP THIS COMPLETED TIP SHEET FOR YOUR RECORDS

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:

Surgery Location

Facility Name: AdventHealth Redmond **OR**
Redmond Park Hospital **OR**
Redmond Regional Medical Center
Facility NPI: 1508810565
Tax ID: 58-1123037
Address: 501 Redmond Rd.
City, State, Zip: Rome, GA 30165
Phone Number: 706-291-0291

Office Location

Facility Name: Harbin Clinic **OR**
Floyd Physicians LLC
Tax ID: 58-2234927
Address: 1825 Martha Berry Blvd.
City, State, Zip: Rome, GA 30165
Phone Number: 706-509-6821

☐ **Do I have bariatric weight loss surgery coverage?**

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

Diagnosis code of → E66.01

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

☐ **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?”*
 - **YES OR NO**

- Does my policy require a Bariatric Resource Referral?
 - YES OR NO
- ☐ 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:
 - _____

FOR ESTIMATES → please contact our estimates line at 706-237-8622

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