



Dr. Richard Wilkenfeld
8000 Hwy 242, Suite 123
Conroe, TX 77385
Phone: 936-441-3133
www.texasgastricbanding.com

Insurance verification for Lap Band®
Procedure (CPT) Code 43770
Diagnosis Code 278.01

Call your Insurance company to complete these questions prior to your appointment.
Please bring this completed form to your appointment.

Patient Name: _____
Date of Birth: _____ SSN: _____
Insurance Company: _____ Phone: _____
ID Number: _____ Group Number: _____
Date Verified: _____ Spoke To: _____

Ask the person you speak to the following questions:

What is my effective date? _____
What type of plan do I have? _____
Do I need a referral to see a specialist? _____
What is my co-pay for a specialist? _____
What is my in-network deductible? _____
How much have I met of my in-network deductible? _____
After my deductible what percentage does my insurance pay? _____
What is my out of pocket? _____
How much of my out of pocket has been met? _____
Is there an exclusion on my policy for bariatric or weight loss surgery? _____
Do I have out of network benefits for bariatric procedures? _____
Is there a lifetime maximum for bariatric procedures? _____
What is the fax number for pre-determination? _____