

# WEIGHT MANAGEMENT CENTER

A Program of The Jewish Hospitals of Cincinnati

6350 E. Galbraith Road • Cincinnati, Ohio 45236 • (513) 686-6820 Fax (513) 686-6819

## MEDICAL INSURANCE

NAME \_\_\_\_\_

PRIMARY INSURANCE COMPANY \_\_\_\_\_

INSURANCE CO. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP/PLAN NUMBER \_\_\_\_\_

CUSTOMER SERVICE PHONE NUMBER \_\_\_\_\_

PROVIDER RELATIONS (PROVIDER INQUIRY/PRE-CERTIFICATION) NUMBER \_\_\_\_\_

WHICH PROCEDURE DO YOU PREFER? GASTRIC BYPASS LAP-BAND (CIRCLE ONE)

IS GASTRIC BYPASS SURGERY OR LAP-BAND FOR "MORBID OBESITY" A COVERED BENEFIT? YES NO

**\*\*PLEASE INCLUDE FRONT AND BACK COPY OF YOUR INSURANCE CARD\*\***

SECONDARY INSURANCE COMPANY \_\_\_\_\_

INSURANCE CO. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_ RELATIONSHIP TO PATIENT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP/PLAN NUMBER \_\_\_\_\_

CUSTOMER SERVICE PHONE NUMBER \_\_\_\_\_

PROVIDER RELATIONS (PROVIDER INQUIRY/PRE-CERTIFICATION) NUMBER \_\_\_\_\_

IS GASTRIC BYPASS SURGERY OR LAP-BAND FOR "MORBID OBESITY" A COVERED BENEFIT? YES NO

### SELF PAY OPTION

If Gastric Bypass and/or Laparoscopic gastric banding are **"NOT COVERED BENEFITS"** or are **"EXCLUSIONS"** under your policy, the insurance company will not pay for these procedures **UNDER ANY CIRCUMSTANCES**. Please be certain that your policy covers these surgeries **before** returning this application. If your insurance does not cover these procedures, would you like information about the self-pay option?

Yes, please send me self-pay information

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*A Way To Manage Weight That Is A Way Of Life*