

Bariatric Surgery Insurance Verification Form

Patient Information

Patient Name _____
Social Security # _____
Male _____ Female _____
Address _____
City, State, Zip _____
Phone _____ Cell _____
DOB _____

Physician Information

Physicians Names Dr. Gary Anthonie/Dr. Brad Winterstein
Site Name Methodist Physicians Clinic
Address 8111 Dodge Street
City, State, Zip Omaha, NE 68114
Contact Name Christy Heavey
Phone (402) 354-1320 Fax (402) 354-5965
NPI# 1528079514 Tax ID 470687317

Patient Insurance Information

Primary: _____
Subscriber Name _____
Subscriber DOB _____
Employer _____
Policy # _____
Group# _____
Phone # _____

Facility Information

Site Name Nebraska Methodist Hospital
Practice Address 8303 Dodge Street
City, State, Zip Omaha, NE 68114
Phone (402) 354-4000 Fax (402) 354-4010
Contact Name Christy Heavey
NPI # _____ Tax ID 470376604

Secondary Insurance

Primary _____
Subscriber Name _____
Subscriber DOB _____
Employer _____
Policy # _____
Group# _____
Phone # _____

Clinical Information

Height _____ Weight _____ BMI _____
Morbid Obesity 278.01 _____
Hypertension 401 _____
Reflux 530.81 _____
Diabetes 250.00 _____
Diabetes Uncontrolled 250.02 _____
Sleep Apnea 327.23 _____
Gastric Outlet Obstruction 537.0 _____

Requested Procedure

RYDS _____ Sleeve Gastrectomy _____ Other _____
Gastric Band _____