

Benefit Inquiry

PLEASE COMPLETE THIS FORM AND BRING IT TO YOUR APPOINTMENT

Name: _____ DOB: _____

It is important to call your insurance company to verify benefits and plan coverage for the following:

Do I have weight loss coverage?	YES	NO
Do I have obesity medicine coverage?	YES	NO
Do I have bariatric surgery coverage?	YES	NO
Do I have dietitian coverage?	YES	NO

If I have bariatric surgery coverage:

Is Knox Community Hospital on the list of covered facilities?

What are the requirements that must be completed to be authorized for surgery?

Is there a deductible required prior to surgery?

Is there a deductible required after surgery?

If you do have coverage for the above, then ask the following: "What medications are covered under my plan?"

- ☐ Phentermine (Lomaira®) (low-marh-rah)
- ☐ Qsymia® (Q-sim-E-ugh)
- ☐ Contrave® (Con-tray-v)
- ☐ Saxenda® (sax-sen-duh)
- ☐ Wegovy® (weh-gove-e)
- ☐ Ozempic® (if I also have diabetes)
- ☐ Rybelsus® (rye-bell-sus; if I also have diabetes)
- ☐ Mounjaro® (moon-jar-oh; if I also have diabetes)

If you have coverage for the above, even if not all on the list, ask the following: "Are there any requirements for medication approval/coverage?"

Phentermine/Lomaira®: _____

Qsymia®: _____

Saxenda®: _____

Wegovy®: _____

Ozempic®: _____

Rybelsus®: _____

Mounjaro®: _____

For Office Use Only

Provider Signature