

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)
- Zepbound® (ZEHP-bownd)

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®: _____

Zepbound®: _____

<p>For Office Use Only</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Provider Signature</p>
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