

REALIZE™ Adjustable Gastric Band Benefit Verification

Completed form may be faxed to REALIZE™ Band Reimbursement Support at 877-606-2255.

For more information regarding reimbursement

Please contact the REALIZE™ Band Reimbursement Support Program at 1-866-REALIZE.

Patient Information

Patient Name: _____

Social Security #: _____

Male Female

Address: _____

City, State, ZIP: _____

Daytime Phone #: _____

Date of Birth: _____

Physician Information

Physician Name: _____

Site Name: _____

Practice Address: _____

City, State, ZIP: _____

Contact Name: _____

Phone #: _____ Fax #: _____

NPI #: _____ Tax ID #: _____

Patient Insurance Information

Primary Insurance Information (including Medicaid or Medicare)

Subscriber Name: _____

Subscriber Date of Birth: _____

Payer Name: _____

Policy #: _____

Group #: _____

Payer Phone #: _____

Payer Provider ID#: _____

Secondary Insurance Information

Subscriber Name: _____

Subscriber Date of Birth: _____

Payer Name: _____

Group #: _____

Policy #: _____

Payer Phone #: _____

Payer Provider ID#: _____

Facility Information

Site Name: _____

Practice Address: _____

City, State, ZIP: _____

Contact Name: _____

Phone #: _____ Fax #: _____

NPI #: _____ Tax ID #: _____

Clinical Information

Patient BMI: _____

Patient Diagnosis – Primary:

278.01 Morbid Obesity

Other: _____

Additional Diagnoses (please check all that apply):

783.49 Overeating 327.23-29 Sleep Apnea

401 Essential Hypertension 462 Sore Throat

530.81 Reflux 783.49 Overeating

784.49 Hoarseness 786.07 Wheezing

786.2 Chronic Cough 787.03 Regurgitation

787.1 Heartburn 787.3 Belching

Previous Weight Loss Regimens? (Please describe):

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