

**Note: Certification DOES NOT guarantee payment or client eligibility**

Date requested \_\_\_\_\_  
 Admission date \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Surgery center / hospital \_\_\_\_\_

<b>For APS Healthcare Use Only</b>	
Date received	_____
Approved	_____ Denied _____
Procedure	_____
Reviewed By	_____
PA#	_____

**PROVIDER INFORMATION**

Attending/referring physician (first and last name) \_\_\_\_\_  
 Physician provider ID # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_

**PATIENT INFORMATION**

Name \_\_\_\_\_ EqualityCare ID # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 DOB \_\_\_\_\_ SS# \_\_\_\_\_ Sex: Male Female

**Procedure description and CPT code(s):** \_\_\_\_\_

**ICD-9-CM code(s) (provide ALL code numbers as well as diagnosis names):**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

**Medical necessity:** Submit documentation from primary bypass physician to support policy attached:

- Primary diagnosis and obesity-related comorbidity(ies)
- Medical history include height, weight, and BMI
- Prognosis with and without gastric bypass
- Plan of care pre and post op
- One year record of other attempts to lose weight
- Statement of patient’s ability to adhere to a disciplined medical regimen

Client Name \_\_\_\_\_ Client EqualityCare ID # \_\_\_\_\_

**Physician Information:** List ALL physicians who will be involved in the care of the patient.

- Surgeon name \_\_\_\_\_ phone# \_\_\_\_\_  
EqualityCare Provider # \_\_\_\_\_
- Assistant surgeon name \_\_\_\_\_ phone# \_\_\_\_\_  
EqualityCare Provider # \_\_\_\_\_
- Other physician name \_\_\_\_\_ phone# \_\_\_\_\_  
EqualityCare Provider # \_\_\_\_\_

**Other contacts:**

- Primary care physician \_\_\_\_\_ phone# \_\_\_\_\_
- Registered dietician \_\_\_\_\_ phone# \_\_\_\_\_
- Clinical psychologist \_\_\_\_\_ phone# \_\_\_\_\_
- Physical therapist \_\_\_\_\_ phone# \_\_\_\_\_

**Financial Information:**

Financial contact person \_\_\_\_\_ phone# \_\_\_\_\_

Other Insurance (including Medicare) prior authorization obtained? Y / N / Not Required

Medicare? Y / N      Part A? Y / N      Part B? Y / N

EqualityCare is considered the payer of last resort. If no prior authorization is obtained from EqualityCare and the primary insurance carrier does not reimburse, EqualityCare may deny the claim due to lack of prior authorization.

**Fax form to APS Healthcare toll-free @ 1- 888- 245-1928**  
**Forms can be found on-line at [www.wyoming.apshealthcare.com](http://www.wyoming.apshealthcare.com)**