

**PROGRAM FEE (New Surgical Patient)**

Patient Name: \_\_\_\_\_

An administrative program fee of **\$250.00** is due prior to the processing of any paperwork related to bariatric surgery. Preferably, this fee should be paid at the time of your initial consultation with the bariatric surgeon. This fee will cover the time and resources of the clinical staff. The fee covers the following:

- Pre-surgery materials
- Pre-surgery group meetings ( support group/nutrition orientation)
- Letter of medical necessity requested by and sent to your insurance company
- Insurance verification and correspondence necessary for any pre-authorization
- Review of previous medical records and diet history
- Nursing consults
- Copy of Bariatric Diet Booklet
- Copy of Bariatric Resource Book
- Support groups
- Nutritional counseling
- Weight management (includes 9 sessions)
- Nutritional evaluation

This fee will NOT be billed to your insurance company because it is an administrative program fee. This fee is **NON-REFUNDABLE** and not applied toward your out-of-pocket expenses such as insurance deductibles or co-pays (if applicable), or any other non-covered fees that you will be responsible for at the time of service.

Please note that your health insurance company may not approve paying for your bariatric surgery. As a courtesy, we will work with your insurance company to verify coverage and assist you with meeting their requirements. If there is a possibility that the bariatric surgery could be covered by your insurance company, all records, data, diet information, and any other medical documentation will be submitted after you sign a Release of Information authorization form. Your insurance company will then determine your approval or denial status after a review of your entire record. However, it is also your responsibility to verify coverage for surgery, as incorrect information may be given to our office or your insurance policies may not cover bariatric surgery procedures. Also, your insurance policy can/may change on an annual basis.

***The Bariatric team reserve the right to perform bariatric surgery contingent on completing the program requirements and the results of the pre-operative and nutritional evaluations.***

**The patient is ultimately responsible for all charges relating to medical care and treatment that may not be paid for by your insurance company.**

I have read the above information and understand that I am responsible for the payment of \$250.00 at the time of my initial consultation. **I understand that I am responsible for any balance due on all charges related to my weight loss surgery.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_