

## Insurance

When seeking insurance approval it is important to find out:

- a) Does your insurance company cover surgical treatment of morbid obesity?
- b) What are the insurance company's guidelines for meeting medical necessity?
- c) How many appeals do you have, if any?
- d) If the procedure is covered does your insurance pay 100%?
- e) Do you have a deductible?
- f) If you're having the Lap-Band, are fills covered?
- g) Do they require a physician supervised diet & exercise program before surgery?  
(most insurances require at least 6 months of supervision by your primary care physician)
- h) Do they require that you have a history of obesity of 5 years or more?

Go to **forms** to fill in the answers to these questions.

- It is the patient's responsibility to find out the answers to these questions.
- Surgical associates will submit information to your insurance company for prior authorization; we will use general guidelines to determine what to send.
- Most insurance companies require that the patient have tried several attempts at weight loss by non-surgical means supervised by their PCP. The length of supervised weight loss plan varies from six months to one year.
- The length of time that it takes to get a response from your insurance company varies, usually they have 30 days. The patient should get this information. If you are anxious to know if your insurance company has made a decision you should contact them, **NOT** Surgical Associates.
- If we get an approval or a request for more information our office will call you.

## Financial Information

If your insurance company doesn't cover the procedure you will be expected to pay the balance **before** surgery. If they only pay a percentage and/or you have a deductible you will be expected to pay that amount **before** surgery. Lap-band patients need to be aware that their fills may not be covered by insurance.