

CENTER FOR WEIGHT LOSS SURGERY

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UNDERSTANDING INSURANCE

Medical insurance policies are individually written for companies. Within the same corporation there may be different medical plans an employee can choose. It is important that you, the subscriber, understand everything you can about your policy and its coverage. As the subscriber, you can call and ask for specific information.

The following terms may be used by your insurance company, and knowing what these terms mean may help you understand your medical coverage.

CRITERIA:

- A list of requirements that must be met in order for a procedure to be approved. Every insurance company can write their own criteria for any procedure, therefore insurance companies may have different criteria for the same surgery. As a subscriber, you can request a copy of the criteria for a procedure from your insurance company.

MEDICAL NECESSITY:

- An insurance policy may state that in order for a procedure to be “approved” by them, it has to be proven to be “medically necessary” – meaning the procedure must be done for the physical health and well-being of the patient. There will be a criteria list; once proof is submitted that the patient fulfills the criteria, an individual, a review board or panel will decide if the surgery is medically necessary for the subscriber.
- Every insurance company can write their own requirements for what they consider “medical necessity.” It is important that you find out exactly what your insurance policy requires.
- If a surgery is approved as medically necessary, the insurance company will only pay the amount they have decided on for that procedure. Approval does not mean that the surgery fees will be paid in full.

CONTRACT EXCLUSION:

- The Employer has chosen NOT to have this procedure included in the policy coverage. This is the Employer’s choice; it has nothing to do with whether or not a particular insurance company covers the procedure for another company’s plan.

CONTRACTED or NETWORK:

- A Physician can be “contracted” with insurance companies. That means the Physician will accept, as payment in full, the amount designated by the insurance company once the patient has paid all his/her percentages and deductibles.
- Just because a physician is contracted with an insurance company does not mean that the policy will cover the surgical procedure.

NON-CONTRACTED or OUT-OF-NETWORK:

There are 3 possible scenarios:

- If the Physician is not contracted or is considered out-of-network and the surgery is approved, the insurance company may agree to pay a percentage of the total fee of the physician, once the patient has paid his/her portion or deductible.
- If the Physician is not contracted or is considered out-of-network and the surgery is approved, the insurance company may agree to pay a percentage of the fee they have assigned to a procedure once the patient has paid his/her portion or deductible.
- If the Physician is not contracted or is considered out-of-network, the insurance company may not pay any amount or portion to an out-of-network or non-contracted physician even if they approve that surgery for other practices.

NUTRITIONAL COUNSELING may be covered by your insurance policy. Nutritional Counseling is required by the Center for Weight Loss Surgery.

ASSISTANT SURGEON FEES are separate from the Surgeon’s fees. An Assistant Surgeon is used for surgery.

HOSPITAL FEES are separate from the Surgeon’s fees. The patient will set up a separate consultation with the hospital billing office to arrange for payment of the hospital bill.