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ADVANCED LAPAROSCOPIC ASSOCIATES, P.C.

Patient Insurance Coverage Agreement

We at Advanced Laparoscopic Associates are committed to providing the utmost quality in healthcare and patient support services. Part of this support is to assist in providing information to your insurance carrier. While we do everything in our power to assist you, it is important to remember that the overall financial responsibility rests with you the patient.

I understand that ALA will call my insurance to verify that I have coverage for weight loss surgery, but it is also my responsibility to call and do the same. I also understand that I should check with my Human Resources department through my employer to verify that weight loss surgery is covered under our insurance plan. ALA will file my office visit for me, but if my insurance carrier refuses to pay, it is my responsibility to pay for all services in full. I also understand that all deductibles are to be paid before surgery if not already satisfied through my insurance.

Patients Signature _____

Date _____