

SWAT SURGICAL ASSOCIATES, L.L.P.
NOTICE OF EXCLUSIONS FROM INSURANCE BENEFITS

These are items and services that your insurance company will not pay.

Patient's Name: _____ Account # _____

Your insurance company may not pay for all of your health care costs. They on pay for covered benefits. Some items and services are not covered benefits and your insurance company will not pay for them.

When you receive an item or service that is not a covered benefit, you are responsible to pay for it, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. **Before you make a decision, you should read this entire notice carefully.**

- Ask us to explain, if you do not understand why your insurance company will not pay.
- Ask us how much these items or services will cost you (Estimated cost: \$ _____)

Insurance Company: _____

Policy # _____ Effective date: _____

Your insurance company will not pay for: Office Visits/Consultations -Laparoscopic gastric banding-
banding adjustments

- 1. Because it does not meet the definition of your policy benefits.
- 1. Because of the following exclusion(s)*:
 - _____ Routine physicals and most tests for screening
 - _____ Most shots (vaccinations)
 - _____ Personal comfort items
 - _____ Routine eye care, eyeglasses and examinations
 - X Cosmetic surgery and/or Office Visits/Consultations related to Cosmetic surgery
 - _____ Dental care and dentures (in most cases)
 - _____ Routine foot care and flat foot care
 - _____ Services by immediate relatives
 - _____ Services under a physician's private contract
 - _____ Hearing aids and hearing examinations
 - _____ Most outpatient prescription drugs
 - _____ Orthopedic shoes and foot supports (orthotics)
 - _____ Health care received outside of the USA
 - _____ Services required as a result of war
 - _____ Home health services furnished under a plan of care
 - _____ Physicians' services performed by a physician assistant, midwife, psychologist, or nurse anesthetist, when furnished to an inpatient, unless they are furnished under arrangements by the hospital
 - _____ Services of an assistant at surgery without prior approval from the peer review organization
 - _____ Outpatient occupational and physical therapy services furnished incident to a physician's service
 - _____ Items and services furnished to an individual who is a resident of a skilled nursing (a SNF) or of a part of a facility that includes a SNF, unless they are furnished under arrangement by the SNF

***This is only a general summary of exclusions from your insurance benefits.
It is not a legal document**

Patient Signature: _____ Date: _____