



## Medical Weight Loss Program Insurance Information

***Part of this weight loss program may not be covered by any insurance program.***

Medical insurance policies do not typically cover an all-inclusive and comprehensive weight management program and related expenses which may include weighing, individual dietary counseling, injections, some prescription medications, special classes, and the related services we are offering.

If you are covered by Medicare insurance, you must complete and sign a separate informed waiver (Advance Beneficiary Notice of Noncoverage) prior to participation in this weight management program.

### **Initial one of the following paragraphs:**

Medical Weight Loss will bill your insurance, however we make no promises of payment. An insurance agreement is a contract between you and the insurance company; we cannot accept responsibility for collecting your individual insurance claim or negotiating a settlement on a disputed claim. You are responsible for knowing your insurance plan's terms, coverage and referral guidelines.

-Or-

\_\_\_\_\_ The self-pay (insurance not billed) cost of the weight loss service is \$69.00 per visit for an established patient and \$119.00 for the first visit for a new patient and if paid on the date of service. If additional services are provided; or other diseases are treated, charges may be additional. Medications will be billed at the pharmacy of your choice, not through Medical Weight Loss. We will not retroactively bill your insurance.

By signing below, you are accepting responsibility for the services provided.

*"I am aware that the services I am about to receive may not be covered by my health insurance plan(s). I was given an opportunity to ask about the cost of these services. By signing below, I am agreeing, in advance, to accept full financial responsibility for all costs associated with such non-covered services."*

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

### **Pharmacy and Prescription Information**

I understand some prescription medications associated with the Medical Weight Loss Program may be prescribed by my provider. However, I further understand that I am not required to have these medications filled at the on-site Pharmacy and may take these prescriptions to any pharmacy of my choice.

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