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Insurance Information Request for Surgery

Once you and the doctor have decided that you are to have elective surgery, there are several important steps before that surgery can take place.

First we must request approval from your insurance company. Our office will directly contact the insurance company to verify coverage and request approval for the procedure. Each insurance carrier has its own rules and regulations regarding the approval process. There are several steps in exchanging data between our office, and in some cases the office of your primary care physician, and the insurance company. Some surgeries are approved at the clerical level and some are sent to utilization committees. These committees sometimes meet only once or twice monthly. Some companies and procedures will require a second opinion. There is no need for you to contact your insurance unless you have questions about the process as relates to your policy. If you are an HMO patient (Hill Physicians, Affinity, Alta Bates Medical Group, Sutter East Bay Medical Group or Tri-West) you will receive authorization confirmation by mail. We are not able to schedule any procedures until such authorization has been obtained.

It is important to understand that the information that we supply is to verify medical necessity for the procedure according to insurance company rules and regulations. ***This in itself does not guarantee payment by the insurance company.*** Details on the extent of coverage for various hospital and surgery procedures are to be found in your insurance policy. You will be responsible for any charges that are not covered by your insurance, including co-payments and deductibles. A financial agreement will be provided in your pre-operative packet with the cost of surgery and an estimate of your portion which is due at your scheduled pre-operative visit. This applies only to the surgeon's fee and does not include anesthesiologist or facility fees.

PLEASE NOTE: We make every effort to send you to a contracted facility, however it is the patient's responsibility to know insurance benefits and contracted facilities. If your policy requires, confirm with your insurance carrier that requested services are being performed by a Preferred Network Provider and Facility prior to scheduling any appointments for service.

Once approval has been obtained, our office will contact you to arrange a date for the surgery. Please understand that such scheduling involves coordinating the schedules of the hospital, the anesthesiologist, and the surgeon. Surgeries are scheduled by date and nature of the procedure. Urgent procedures, such as those for cancer patients, are given the highest priority.

Once surgery is scheduled, please contact our office ***immediately*** if you need to cancel or reschedule. A fee of \$100-\$250 may be applied for late cancellations and/or rescheduling. It is your responsibility to inform our office of any changes in insurance or contact information.