



Regional Center for Bariatric Surgery
High Point Regional Health System
 601 N. Elm Street
 High Point, NC 27262
 336-878-6340

Explanation of Benefits and Receipt for Services:
A Self Pay Payment For:
Laparoscopic Adjustable Gastric Banding Placement

Date:
 Patient:
 Address:
 Date of Birth:

Laparoscopic Adjustable Gastric Banding coverage by insurance companies or managed care organizations is variable. The pre-paid plan allows you to know in advance what you will spend for the services, barring complications.

The Payment Plan covers:

- All professional fees provided by the surgeon
- Hospital services for your one- to two-day stay
- First post-operative visit to the outpatient clinic for post-op follow up

This is an “All-Inclusive” Fee. Individual portions of the costs are NOT separated. It is a single fee paid to the Regional Center for Bariatric Surgery. No itemization is provided because there is no itemization.

The fee for your surgery is:

- Tier 1: Uncomplicated Laparoscopic Gastric Banding Placement- **\$17,500**
Hospital Facility - \$11,000
Cornerstone Surgery - \$5,000
Carolina Anesthesiology - \$1,500
- Tier 2: Patient has had previous gastric bypass procedure-**\$25,500**
Hospital Facility – \$17,500
Cornerstone Surgery - \$6,000
Carolina Anesthesiology- \$2,000

Please note what is NOT covered in the Fee:

- Anesthesiology Services (you will receive a separate bill from Carolina Anesthesiology)
- Emergency Room visits
- Readmissions to the hospital
- Follow-up appointments after the first post-operative visit and care for up to 90 days.
- Additional Physician Consultant fees during your hospital stay (such as radiologists, internal medicine, cardiologists or any extra diagnostic testing).

You will be responsible for these additional fees, some of which may be billed to and payable by your insurance carrier.

DESCRIPTION	
DIAGNOSES	[285.9] Anemia unspecified,[300.00] Anxiety state unspecified,[493.90] Asthma unspecified,[311] Depressive disorder ,[250.00] Diabetes, [530.81] Esophageal reflux,[784.0] Headache,[790.6] Hyperglycemia,[272.4] Hyperlipidemia,[780.53] , [401.9] Hypertension, [244.9] Hypothyroidism

	unspec ,[719.46] Joint pain leg, [782.3] Lower extremity edema, [278.01] Morbid obesity, [278.00] Obesity,[715.9] Osteoarthritis, [780.79] Ot malaise/fatigue,[786.05] Shortness of breath,[780.57] Unspecified sleep apnea
OPERATIVE PROCEDURE	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
CPT CODE	43770
ADMISSION DATE:	

Note:

* High Point Regional Health System, the Regional Center for Bariatric Surgery and Dr. Walsh and Dr. Dasher will not be filing insurance on your behalf.

* Payment from the patient was received in full at time of registration, prior to the surgery.

* Insurance reimbursement is to be paid directly to the beneficiary and not to the Regional Center for Bariatric Surgery.

*****Please note the following process for payments that must be paid in full before your admittance for surgery. These need to be three separate checks made out to the specific provider. :**

If you are paying by credit card please bring a check to cover the **3%** credit card processing fee of the amount paid _____.

If you are paying with Surgery Loans Financing, please bring a check for the finance charge of **3.9%** of the total amount barrowed which is _____.

If you are cash (self pay) paying patient please bring a **Certified Check** made out to:

High Point Regional Health System for \$ _____

Cornerstone Surgery for \$ _____.

Carolina Anesthesiology \$ _____

I acknowledge and understand that if I do not abide by the above terms and conditions, my surgery will be rescheduled or cancelled.

I acknowledge and understand the above:

Patient

Date