

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:

As Self Payment For:

Global Fee for Laproscopic Roux-en-y Gastric Bypass Surgery

Date:
 Patient:
 Address:
 Date of Birth:

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

The Global Fee Payment Plan covers:

- All professional fees provided by the surgeon
- Hospital services for your inpatient stay.
- First post-operative visits to the outpatient clinic for post-op follow up at one week after surgery operation.

This is a “Global Fee”. It covers everything above. It is a single fee for the entire surgical procedure. No itemization is provided.

The global fee for your surgery is:

Tier 1: Uncomplicated RNY-GB-**\$19,500.00**

These need to be separate checks made out to the specific provider below prior to the surgery.

High Point Regional Health System \$12, 000

Cornerstone Surgery \$6,000

Carolina Anesthesiology \$1,500

Tier 2: Patient has had previous gastric bypass procedure or multiple medical conditions-**\$23,500**

High Point Regional Health System \$16,000

Cornerstone Surgery \$7,500

Carolina Anesthesiology \$2000

Please note what is NOT covered in the Global Fee:

- Anesthesiology Services (you will receive a separate bill from Carolina Anesthesiology- note: charges may vary)
- 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	Laparoscopic RYN-Gastric Bypass
CPT CODE	43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric

	bypass and Roux-en Y gastroenterostomy (roux limb 150)
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 Read this letter carefully, it is critical that all steps are completed as specified below or your surgery may be cancelled on the date you have selected.**

******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