



**JACKSONVILLE SURGICAL ASSOCIATES, P.A.**

**Robert Cywes M.D., Ph.D.**

8825 Perimeter Park Blvd

Suite 101

Jacksonville, Florida 32216

Tel: (904) 399-4004 Fax: (904) 399-3489

I have been advised by Jacksonville Surgical Associates, P.A./Jacksonville Weight Loss Center to contact my insurance company prior to scheduling an appointment to verify whether my plan covers surgery for the Laparoscopic Adjustable Gastric Banding System (Lap-Band.) In signing this form, I understand that my program fee of \$200.00 and other costs incurred in conjunction with my pre-certification for surgery are non-refundable in the event that it is determined that the Gastric Banding surgery is a non-covered service under my specific insurance plan.

The program fee is also non-refundable in the event that you, for whatever reason decide at any time after enrolling in the program not to pursue Gastric Banding surgery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)