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**NOTICE RE VERIFICATION OF INSURANCE COVERAGE**

**Before proceeding with our Gastric Banding program, we must first determine whether your policy includes coverage for Gastric Banding Surgery. Your current benefits booklet will stipulate whether the policy includes such coverage.**

**A representative of Jacksonville Weight Loss Center has contacted your insurance carrier and has been advised that Gastric Banding Surgery is a covered benefit.**

**PLEASE BE ADVISED THAT WITHOUT A COPY OF THE CURRENT BENEFITS BOOKLET, OUR OFFICE CAN ONLY RELY ON THE INFORMATION PROVIDED FROM YOUR CARRIER'S CUSTOMER SERVICE IN VERIFYING COVERAGE. WE CANNOT GUARANTEE THAT THE INFORMATION PROVIDED IS ACCURATE AND WE ASSUME NO RESPONSIBILITY FOR THE INFORMATION OBTAINED FROM YOUR INSURANCE CARRIER.**

**Your signature below acknowledges that you have read and understand this notice.**

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**SIGNATURE**

\_\_\_\_\_  
**DATE**

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**PRINT YOUR NAME HERE**