



JACKSONVILLE SURGICAL ASSOCIATES, P.A.

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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)