



TOTAL
LIPDEMA
CARE

Wednesday, February 14, 2024

INSURANCE AGREEMENT

1. I have received and read the insurance checklist. By signing this agreement, I understand and agree to the terms listed.
2. I understand that Jaime Schwartz MD, TLC Surgical Center, and Total Lipedema Care are separate entities and will have separate agreements or claims.
3. I understand that Jaime Schwartz MD, TLC Surgical Center, and Total Lipedema Care can obtain procedure authorization and/or single-case agreements on my behalf and will allow them to do so.
4. I understand that by entering this agreement, I will wait for authorization or a single-case agreement to be obtained prior to being able to have any procedures. Should I choose to not wait for authorization or the single-case agreement, I will be considered a cash patient and will be responsible for all fees.
5. I understand that the single-case agreement may not cover all services or necessities for the surgery and that those will be my financial responsibility. Our office can provide you with an estimate for costs of non-covered services.
6. I understand that I will not receive any reimbursement until my insurance provider has sent the payment in full for all entities.
7. I understand that if my insurance company pays more than what I paid upfront, that I am not entitled to be reimbursed that overpayment amount. Reimbursement amounts are based on the prepaid amounts only.

By signing below, I am agreeing to enter the insurance process. My signature confirms that I have read and understood the policies stated and agree to abide by its guidelines.

Name

Rose Averill

Signature

Rose Averill

Date

Wednesday, February 14, 2024