

## Explanation of Insurance Coverage for CMWL Services

The Center for Medical Weight loss currently participates with the following health care plans: Care First, Aetna, United Health Care, Cigna, and Medicare. Of these health care plans, only Medicare at this time specifically covers obesity counseling done by Internal Medicine physicians with a very specific protocol and certain restrictions.

If you are referred by a physician or in some cases self referred for weight gain, or conditions associated with obesity like diabetes, hypertension, elevated cholesterol, coronary artery disease, sleep apnea, etc., we will do an initial consultation which can be billed through your insurance (+copay if applicable). During this consultation we will take a comprehensive medical history, perform a physical exam, and possibly an EKG. Based on the results of this evaluation, we will recommend a treatment plan which may involve prescribing medications and/or supplements, changes in diet, changes in activity, changes in medications, as well as behavioral changes.

After this initial evaluation, if the primary reason you are seeing us on an ongoing basis is for obesity treatment or weight loss alone, your insurance plan (except Medicare) will not cover our services. In that situation, we will have you sign a waiver that you understand this is a non-covered service and that you must pay us directly at the time of service for your care. Additionally, you cannot then try and submit a receipt to your insurance company just to "see if they'll cover your visits anyway." The reason for this is that the insurance laws dictate that we are **either** a participating provider in their network (we submit claims directly to insurance), **or** a non-participating provider (Patients submit claims to insurance company). We can't be both at the same time apparently.

On the other hand, if you have a condition such as diabetes, hypertension, or heart disease, that is in the area of expertise of an Internal Medicine physician, and that is what we are **primarily** treating, your insurance can be billed directly for office visits (+ copay if applicable) with some restrictions. For instance, in your treatment we may recommend and agree on a plan that requires weekly or biweekly visits to help you lose weight and thus improve your blood pressure and sugar and lower heart disease risk. However, weekly or biweekly visits is considered too frequent for the typical standard of care in treating stable diabetes and hypertension. In that case, we would only be able to submit claims to insurance once a month or even less frequently depending on your specific condition. All other interim visits would be treated as a non-covered service as above.

**In addition, let us be clear that the following are considered non-covered services by all health insurance plans including Medicare and must be paid for directly by the patient at the time of service: food products, supplements, vitamins, body composition analyzer, Lipo-B injections, and B-12 injections (without a documented low B-12 level).**

If you are a patient with **Medicare** insurance and have a **body mass index (BMI) above 30**, you are eligible for: one face-to-face visit every week for the first month, then one face-to-face visit every other week for months 2-6, then one face-to-face visit every month for months 7-12. This only covers the office visits and counseling and does not cover any of the non-covered services listed in the paragraph above.

- I decline to use my health insurance to pay for services at Center for Medical Weight Loss. I understand I am responsible for all fees at the time of service.
- I agree to use my health insurance to pay for covered services only at Center for Medical Weight Loss. I fully understand that not all services will be covered by my health insurance including but not limited to: medications, injections, supplements, body composition analysis, food and nutritional products, and some office visits.

I have read, understand and agree with the above:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_