

The Lap-Band® Adjustable system.

Estimate of Procedure Fees: **\$9,990.00* (Limited time only)**

Lap-Band® Surgery Procedure fees:

Trinity Medical Center fee:	\$ 6200.00
Surgeon fees and assistant fees:	\$ 2,440.00 (reduced fee)
Anesthesia fees:	\$ 1050.00
Chest x-ray read fees:	\$ 35.00
Pathologist fee (pre-op labs):	\$ 60.00
EKG read fee:	\$ 10.00
Nutritional/psych evaluation/clearance:	\$ 195.00
Administrative fees:	\$ 00.00 (waived fee)

Total: \$ 9,990.00

- ❖ This quote includes all Pre-surgical labs, EKG, nutritional and psychological evaluation, 2 weeks of pre-surgical Optifast, Lap Band anesthesia time, basic hospital fees, and pre-surgical x-ray (Does not include initial office consultation).
- ❖ The package price for the surgery includes 3 months of follow-up visits in the office. After the three months, visits will be filed to your insurance and or payment for visits will be required at the time of service.
- ❖ Quoted fees do not include hernia repair, liver biopsy or any additional procedures. If inpatient stay is necessary, after 24 hour observation time, an additional charge of \$1,000.00 per day will be billed to you by Trinity Medical Center.
- ❖ Anesthesia provided by Pinnacle Anesthesia is based on time, if additional surgery time is necessary you may be billed by Pinnacle Anesthesia. If you have health insurance this amount will be billed to you insurance. You will be subject to deductible/ coinsurance amounts per your insurance contract.
- ❖ Liver biopsy pathology provided by Ameripath will result in additional fees. If you have health insurance this amount will be billed to you insurance. You will be subject to deductible/ coinsurance amounts per your insurance contract.
- ❖ **A \$300.00 payment is required for your initial consultation with Dr. Veninga and is non-refundable if surgery is cancelled.**
- ❖ Package price is due 2 weeks prior to surgery, if payment is not received by this date, surgery will be rescheduled.
- ❖ If you receive ANY bills in the mail associated with your surgery, please contact our office PRIOR to paying them. Unfortunately if you pay a bill in error, we cannot refund you.

We are happy to offer the following payment options:

- We gladly accept CASH, CHECK, VISA, MASTERCARD, and DISCOVER.
- CARECREDIT (a GE Money Company):
 - No initial payment with attractive monthly payments (24-84 months) as low as \$202/ mth.
 - Up to 6 months no interest options available.
 - Fast, confidential service by phone, 1-800-365-8295, or on-line at their **secure** website, www.carecredit.com (please refer to brochure for more details or call our office).

We thank you for the opportunity to serve you!

**I understand that payment is due in full two weeks prior to my surgery date to ensure proper disbursement of fees. If payment is not made a full two weeks before, my surgery date will be rescheduled

I have read, understood and agree to the above fee arrangement for my surgery.

Patient signature _____ Date _____

Practice employee _____ Date _____

Please make all payments to North Texas Bariatric & General Surgery (NTBGS) for the total fee amount and we will handle payments to the individual parties listed above.

******Do not give your health insurance information to the hospital. This is very important and can result in multiple billing errors. Please inform the hospital that you are a private pay patient only!**

Please feel free to contact the billing department at North Texas Bariatric & General Surgery, 972-939-8218 if you have any questions.

Thank you for choosing North Texas Bariatric & General Surgery