Binding Non-Assignment

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Irrevocable Non-Assignment

Plastic surgery is a choice. It is usually not covered by health care insurance companies. Patients who require surgery to improve their appearance try to get coverage for surgery. They argue that they have functional problems that can be fixed by surgery covered by their health care insurance. This is a liability when a patient claims insurance afterwards. The major downside is that you may have to accept what insurance pays for the procedure if you have a contract with the insurance company. In such a case, you may not be able to recover payment for office-based facility fees if you do not have an agreement with the carrier. It means that you are assisting with a fraudulent claim by attempting to cover aesthetic surgery.

For example, a weight-loss patient may opt for body-shaping surgery. His/her goal is to make the loose skin look better and treat a skin rash. The surgery may seem cosmetic. However, the patient insists you bill the insurance company. You could be forced to do the procedure if insurance covers it.

In such cases, a binding non-assignment form can protect you from a patient who is claiming insurance for an elective surgery. By signing this form, patients state that they will not try to recover costs or legally bind the surgeon to accept payment from an insurance company.

 _____ **Patient Initials**

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This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

CONSENT FOR BINDING NON-ASSIGNMENT

I, _____, permit Dr. Thomas Jeneby's care as explained in additional informed consent documents.

I understand that the procedure(s) I seek are mainly cosmetic. They are not medically needed. It would be illegal for Dr. Thomas Jeneby to submit a fee to an insurance company. I know and accept the costs of my care. I understand that Dr. Thomas Jeneby will not accept insurance. I permit Dr. Thomas Jeneby to provide care. I understand that I am responsible for all surgical fees.

_____ _____

Patient Date/Time

_____ _____

Witness Date/Time

_____ **Patient Initials**

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