



# Irrevocable Non-Assignment

Most patients seeking elective aesthetic surgery realize that this is a non-covered expense by health care insurance companies. Patients who present with purely aesthetic indications and goals, but seek to obtain coverage for surgery, argue that they have functional problems that are covered by their health care insurance. This represents a potential area of liability when a patient seeks to have insurance pay afterwards for a case that had cosmetic indications. 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. It also means that you may not be eligible to recover payment for office-based facility fees if you do not have a contracting agreement with the carrier. It also means that you are assisting with a fraudulent claim in attempting to cover aesthetic surgery.

An all too common scenario involves a massive weight loss patient who chooses to have body-contouring surgery due to a combination of wanting aesthetic improvement in loose skin and treatment of a skin fold rash condition. You as the surgeon believe that the major indication for surgery is cosmetic in nature, but the patient insists that you bill their insurance company as a courtesy. A potential situation of insurance payment may ensue and you could be trapped into taking assignment for the procedure because the insurance company now covers it.

In such situations, an irrevocable non-assignment form may offer protection from a patient who attempts to recover costs of elective surgery (mixed indications) by billing their insurance. By obtaining a signature on this form, a patient states that they will neither engage in tactics to recover costs by billing insurance companies nor legally bind the surgeon to accept payment from insurance companies for the services provided.

**CONSENT FOR IRREVOCABLE NON-ASSIGNMENT**

I, \_\_\_\_\_, hereby understand and consent for Dr. James Anthony to provide care for me, as explained to me in additional informed consent documents.

I understand the procedure(s) I seek are primarily cosmetic in nature, not medically necessary, and therefore, would be fraudulent and unethical for Dr. James Anthony to submit a fee to any insurance company for coverage. I have been given a full explanation and shown the financial costs of having Dr. James Anthony provide surgical care for me and accept these terms. I further understand that Dr. James Anthony will not accept insurance for this (these) procedure(s). My consent to have Dr. James Anthony provide care and not accept assignment from any insurance company, managed care provider, or other coverage source is irrevocable and final. I understand I will be fully responsible for all of the surgical fees for the surgery I seek.

_____	_____
Patient	Date/Time
_____	_____
Witness	Date/Time