DR. MOSSER'S GUIDE TO TOP SURGERY INSURANCE APPROVAL

LEGAL NAME, DOB, FRONT & BACK COPY OF YOUR INSURANCE CARD, A CONTACT PHONE NUMBER & IF IT'S OK TO LEAVE A MESSAGE

DR. MOSSER'S INSURANCE ADVOCACY TEAM INFORMS ME IF I HAVE BENEFITS THAT COVER A GENDER AFFIRMING SURGERY

- ✓ → DR. MOSSER HAS AN AGREEMENT WITH MY INSURANCE (SEE WEBSITE FOR A LIST OF INSURANCE WE ACCEPT)
- ✗ → CASH PAY

DR. MOSSER HAS AN AGREEMENT WITH MY INSURANCE (SEE WEBSITE FOR A LIST OF INSURANCE WE ACCEPT)

- ✓ → WHAT IS NEEDED FOR AUTHORIZATION
  1. CONSULT WITH DR. MOSSER
  2. SUPPORT LETTER FROM THERAPIST
  3. FOR HMO, KAISER, AETNA STUDENT SERVICES WE WILL NEED A REFERRAL FROM YOUR PRIMARY CARE DOCTOR
- ✗ → WE WILL ATTEMPT TO GET A ONE TIME AGREEMENT WITH YOUR INSURANCE

WHAT IS NEEDED FOR AUTHORIZATION

1. CONSULT WITH DR. MOSSER
2. SUPPORT LETTER FROM THERAPIST
3. FOR HMO, KAISER, AETNA STUDENT SERVICES WE WILL NEED A REFERRAL FROM YOUR PRIMARY CARE DOCTOR

✓ APPROVAL TYPICALLY RECEIVED

YOU WILL BE NOTIFIED WHAT THE PATIENT RESPONSIBILITY IS

WE WILL ATTEMPT TO GET A ONE TIME AGREEMENT WITH YOUR INSURANCE

WHAT IS NEEDED FOR AUTHORIZATION

1. CONSULT WITH DR. MOSSER
2. SUPPORT LETTER FROM THERAPIST
3. IF YOU HAVE AN HMO WE WILL NEED A REFERRAL FROM YOUR PRIMARY CARE DOCTOR

TYPICALLY MEDICAL NECESSITY IS APPROVED

INSURANCE APPROVES ONE TIME AGREEMENT WITH DR. MOSSER

- ✓ → YOU WILL BE NOTIFIED WHAT THE PATIENT RESPONSIBILITY IS
- ✗ → PAYMENT IN FULL AND THEN YOU WILL BE REIMBURSED BASED ON WHAT YOUR INSURANCE PAYS

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