



Jon Bradley Strawn, M.D., M.B.A

HEALTH INSURANCE POLICY

You have been referred to Jon Bradley Strawn, M.D. M.B.A for the purpose of breast reconstruction, breast revision surgery, or breast explant reconstruction. Scultura Plastic Surgery is a private medical practice and has separate insurance contracts from Hoag Memorial Hospital and other referring Physicians - including laboratories and anesthesiologists.

It is your responsibility to contact your insurance company to verify network status (in-network, out-of-network, and non-contracted) and benefits for both the physician and Hoag Memorial Hospital. It is imperative that this be done prior to scheduling your surgery. Please be aware that the use of out-of-network or non-contracted entities will often result in greater out of pocket expense and the potential that you will have reduced or zero benefits for services.

In addition, you will be required to do the same for any Physicians you may be referred to by Dr. Jon Bradley Strawn or Scultura Plastic Surgery. Scultura Plastic Surgery is not responsible for any charges incurred by using out-of-network or non-contracted providers.

**To determine network status and benefits, please call your insurance customer service number on the back of your insurance card and give them the following information:**

Scultura Plastic Surgery/ Dr. Jon Bradley Strawn  
361 Hospital Road, Suite 221  
Dr. Strawn NPI #: 1609905033  
Scultura Plastic Surgery NPI #: 1134491749  
Tax ID #: 45-4167857

Your signature below memorializes that you have read and understand this information and concern.

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_



UNDERSTANDING HEALTH INSURANCE

Familiarize yourself with these commonly used health insurance terms as they will help you better understand your coverage.

**Allowed amount:** The allowed amount is the maximum amount that the plan will pay for a covered service.

**Covered Services:** Services or supplies for which your health plan will pay all or a portion of the cost.

**Deductible:** The amount that you must pay before benefits are provided for (certain) covered services.

**Exclusions:** Specific conditions or circumstances for which a health plan will not provide benefits. **Medically Necessary Services:** Services which are appropriate and necessary for the symptoms, diagnosis, or treatment of a medical condition, and which meet additional guidelines pertaining to necessary provision of medical or mental health care. Services must be medically necessary in order to be covered (Example: **Fat Grafting surgery is NOT BILLABLE/ COVERED by insurance. Fat Grafting surgery is a cosmetic procedure.**)

**In-Network:** A group of physicians, hospitals, and other health care providers who participate in a specific managed care plan. When you receive care from an in-network provider, you pay only a copayment for covered services.

**Out-of-Network:** Physicians, hospitals, and other health care providers who do not participate in your plan's network. Services obtained from an out-of-network provider are subject to deductibles and coinsurance.