

INSURANCE COVERAGE FOR THE LAP-BAND® MEDICAL DEVICE

The LAP-BAND® System is a Health Canada approved medical device, which may or may not be covered under your private insurance plan. If you wish to submit a claim to your insurer for the LAP-BAND® medical device, the guidelines below will assist you.

STEP ONE:

1. Obtain a receipt from your medical clinic for your purchase of the LAP-BAND® medical device. Your receipt may also include the cost of nutritional counseling and/or prescription drugs, if applicable.
2. Prepare and submit your receipts with a cover letter to your insurance company outlining the details of your medical status. Be sure to inform the insurance company of:
 - Your Group Policy Number and Certificate Number
 - Your age, weight, and Body Mass Index (BMI)
 - Number of years you have suffered from obesity
 - Prior failed treatments/therapies
 - Illnesses you have developed (e.g., type 2 diabetes, asthma, sleep apnea, gastric reflux, hypertension, high cholesterol)
 - The medications you are taking for these illnesses or medical devices you are using (e.g., sleep apnea machine, insulin pump)
 - The impact of obesity on your daily living/work productivity (e.g. absenteeism, disability claims, soreness in joints, etc.)

If you have not yet had the LAP-BAND® System procedure then in your cover letter:

1. Provide the upcoming date of your procedure, the name of the medical clinic, and the name and address of your LAP-BAND® physician.
2. Explain your treatment goals (highlighting what health improvements you expect to see – (e.g., remission or improvement of type 2 diabetes, asthma, sleep apnea, etc.).

If you have already had the LAP-BAND® System procedure, then specify in your cover letter:

1. The date of your procedure, the name of the medical clinic, and the name and address of your LAP-BAND® physician.
2. Your progress to date in terms of:
 - Amount of weight lost
 - Any improvements or resolution of illnesses
 - How much money you used to spend per month for medications and how much you are currently spending
 - Any improvements from a work perspective (e.g., reduced absenteeism, increased energy)

Please allow 2 to 3 weeks to hear back from your insurer.

STEP TWO:

If your request for coverage/reimbursement is declined, you may try to resolve your concern or complaint directly with your insurance company.

ACT QUICKLY. Start with calling the person or the office to which you sent your initial request for coverage/reimbursement. When you call make sure you have all the appropriate documents, receipts and medical information, if appropriate. If this person cannot resolve the situation, ask to whom you should address your complaint.

KNOW THE PROCESS. Each insurance company has its own formal complaints handling process. Ask for your company's written complaints procedure and follow the required steps. Many insurance companies have this information available on-line on their website.

DO IT IN WRITING. It is usually best to send your complaint in writing. Ask to whom you should address your letter and what documentation should be enclosed. Put "Complaint" at the top of your letter. Set out the problem clearly. Be clear about what went wrong and when. Tell them what you expect as a solution. Enclose all required documents.

ASK FOR A FINAL POSITION LETTER. There will always be someone in your insurance company's formal complaints process who has authority to make a final decision in respect of your complaint and to issue a "final position letter" on behalf of the company. Ask for a final position letter from this decision maker.

HELPFUL TIPS

BE CALM AND COURTEOUS. Although trying to resolve a complaint can be frustrating and stressful, experience shows that a courteous manner facilitates communications and promotes a quicker resolution of your complaint.

BE PATIENT AND PERSISTENT. Depending on the situation, you may need to escalate your complaint to more senior people if you are not satisfied with how your insurance company is responding to your complaint.

FOLLOW THE PROCESS. Most insurance companies have designated specialized resources for handling complaints. Trying to "jump the cue" will usually result in your complaint being redirected back to the designated person in your company's complaint process.

KEEP RECORDS. Take notes of any important details of your conversations as well as names and dates of the persons you talked to. Keep copies of all correspondence sent or received by you. Send copies of any supporting documents, such as contracts or medical reports; keep your originals.

STEP THREE (a):

If your complaint is not resolved to your satisfaction at the insurance company level, you may then wish to contact the OmbudService for Life and Health Insurance (OLHI). OLHI offers an independent, free of charge dispute resolution process. Before you can use their process, however you must first try to resolve your complaint directly with your insurance company as described above.

That said, before sending your complaint letter to your insurance company you may wish to talk with an OLHI Complaints Counselors to receive guidance on what facts and documentation would be helpful to include in your letter.

An experienced Complaints Counselors will review your matter from an independent perspective to collect all relevant facts and information and to advise you how best to deal with your complaint. Many cases are resolved at this initial stage through the assistance of the OLHI.

For more information regarding the OmbudService for Life and Health Insurance (OLHI), contact (416) 777-9917, or refer to their website at http://www.olhi.ca/complaint_process.html.

STEP THREE (b):

If your complaint is not resolved to your satisfaction you may alternatively wish to speak to your Human Resources Representative responsible for group benefits administration or your Union Representative to request their assistance in obtaining approval for your LAP-BAND® medical device claim.

As the plan sponsor, employers are empowered to overturn claims denied by your insurance company. In so doing, your employer or union representative may request additional information about the LAP-BAND® System or the medical procedure. Such information may be obtained from your LAP-BAND® medical clinic.

Should your employer or union agree to pursue coverage on your behalf, you may also be asked to share with them the letters you submitted to your insurer requesting coverage, and the letters you received back from the insurer declining your claim or appeal.

NOTES

Not all insurance plans provide coverage for the LAP-BAND® medical device. To determine whether your insurance plan covers the LAP-BAND® medical device, it is best to contact your insurer in advance of your procedure.

If you have any questions that have not been addressed, call Allergan Canada at 1 888 878 7812.