



Edward Piña, M.D.

If you would like us to verify if this is a covered benefit for your insurance plan, you can complete the attached form and send back according to instructions.

WHY “WEIGHT”

to learn about your weight loss options?

San Jacinto Methodist Hospital offers a safe, long-term solution for weight loss. Specialized dietitians, counselors and nurses work with the surgeon to help guide you through the program and help you achieve your weight loss goals.

Dr. Edward Pina, who is board-certified by the American Board of Surgery, has been specifically trained to perform the laparoscopic weight loss procedure – LAP-BAND® surgery.

Dr. Pina has been in private practice since 1994. He received his Bachelor of Science Degree from Texas Tech University, went on to receive his Doctor of Medicine from the University of Texas Medical School in Houston, and completed his Post-Graduate Training at Beth Israel Medical Center in New York. He has his Texas Medical License and is Board Certified in General Surgery by the American Board of Surgery.

Dr. Pina currently performs the LAP-BAND® surgery which places an adjustable gastric band around the upper part of the stomach reducing stomach capacity and restricting the amount of food that can be consumed at one time. It is designed to help you lose excess body weight, improve weight-related health conditions, and enhance your overall quality of life.

Educational seminars are held at San Jacinto Methodist Hospital to provide you with more information on weight loss options that best meet your needs. For information on upcoming programs, please call 281-428-4401.

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Date: _____

PATIENT DATA	LAST NAME		FIRST NAME	MI	BIRTH DATE	SSN
	PATIENT ADDRESS:				CITY, STATE, ZIP	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HOME TELEPHONE:		WORK/ALTERNATE TELEPHONE & EXT.	
					EMAIL:	
	HEALTH PROBLEMS: CHOOSE ALL THAT APPLY <input type="checkbox"/> DIABETES <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> SLEEP APNEA <input type="checkbox"/> REFLUX DISEASE <input type="checkbox"/> OTHER: LIST _____				EMERGENCY CONTACT PERSON: NAME: _____ PHONE: _____ RELATIONSHIP: _____	
HEIGHT: _____ WEIGHT: _____ BMI: _____		PHYSICIAN: <input type="checkbox"/> EDWARD PINA, MD			SURGERY: <input type="checkbox"/> LAPBAND®	
INSURANCE INFORMATION	RELATIONSHIP OF PATIENT TO THE INSURED: _____ SELF _____ SPOUSE					
	INSURANCE COMPANY NAME: _____					
	INSURANCE ADDRESS: _____					
	NAME OF INSURED: _____					
	INSURED'S SOCIAL SECURITY: _____ INSURED'S DATE OF BIRTH: _____					
	GROUP # _____ ID# _____					
EMPLOYER: _____						
INSURANCE CO TELEPHONE #: _____						
FOR OFFICE USE						
DIAGNOSIS/CLINICAL PROBLEM: ICD9 Code					Morbid Obesity	278.01
CPT CODES:						
					LapBand	43770
					Roux-en-Y Gastric By-Pass	43846
					Psych Eval	90801

Please complete the form and fax or mail to:
 Business Development
 San Jacinto Methodist Hospital
 4401 Garth Road
 Baytown, TX 77521
 FAX: 281-420-7340
 Phone: 281-428-4401

By completing this form, you are providing the hospital permission to verify benefits for the LAP BAND procedure.

 Signature

 Date