



## Timeline to Surgery

- After our office receives referral and all required letters of support for surgery, we will contact you to schedule a consultation. **Once all documentation is received, we'll contact you 1-2 weeks after to schedule consultation.**
- After your consultation is completed and all necessary documentation has been received by our office, we will submit a request for surgery authorization to your insurance. **This can take 2-3 weeks for the authorization team to submit to insurance.**
- After submitting to your insurance for authorization. Depending on the procedure, your specific insurance plan and if all letters meet WPATH criteria, **receiving an authorization response can take anywhere from 8-10 weeks.** Some insurances also require letters to be dated within the last 6 months and be signed by hand.
- Our office will contact you or your providers if there is additional information required.
- After we receive an approval, **it can take 2-3 weeks for our scheduling team to call or email you for surgery date.** You will have check in calls and our office will schedule pre-op appointment, surgery day and post-op appointments. Dr. Stiller is usually booked out 6-9 months for surgery, but this can always change at any time.
- **Bottom Surgery Zero Depth/Second Stage Colovaginoplasty/Penile Inversion Vaginoplasty:**
  - Two months prior to your scheduled surgery, you will receive a phone call with our transgender coordinator. You will be emailed important documents such as Vaginoplasty FAQs, surgery ready checklist, local hotel options, recommended items to bring, and post-op/pre-op instructions. Our coordinator will confirm your transportation, lodging and make sure a caregiver is lined up.
  - Three weeks prior to surgery, you will have another phone call with our transgender coordinator. They will be checking in and making sure everything is running smoothly for you.
  - 1 day prior to surgery, you will have your **in-person** pre-op at our Stiller Aesthetics Office. After this pre-op, you will go to Deaconess to have blood work done.
- **Top Surgery Mastectomy/Non-binary top/Breast augmentation:**
  - Two months prior to your scheduled surgery, you will receive a phone call with our transgender coordinator. You will be emailed important documents such as local hotel options, recommended items to bring, and post-op/pre-op instructions. Our coordinator will confirm your transportation, lodging and make sure a caregiver is lined up.
  - Two weeks prior to surgery, you will have a scheduled **phone pre-op.** Details about your surgery and pre-op instructions will be given.

## Important Insurance Information

805 W 5<sup>th</sup> Ave Ste 619 Spokane WA 99204  
Phone: 509.747.5773 Fax 509.960.4063  
Email: [info@stilleraesthetics.com](mailto:info@stilleraesthetics.com)



- Any changes to your insurance plans must be reported to our office. If we do not have your most up to date insurance information your surgery may be canceled and/or you will receive a bill for services.
- Call your insurance customer service. Make sure your desired procedure is included in your policy. Check your out-of-pocket maximum and your deductibles. Make sure Dr. Stiller and the hospital is in network for you.
- Be aware you will receive multiple bills. One from our office for Dr. Stiller's services, one from the hospital, potentially one from the anesthesiologist and potentially one from pathology.

#### Definitions:

- **Covered:** This term maybe used by your insurance. This is meaning it is a benefit subject you your plans deductible and out of pocket maximum. Services may still require a prior authorization.
- **Prior Authorization:** Process used by insurance companies to determine if they will pay for a portion of a surgery, prior to the surgery being performed.
- **Approval:** Your insurance will allow us to perform surgery and they agree to pay a specific portion of the bill.
- **Denial:** Your insurance has reviewed our request and decided surgery is not allowed for a specific reason and they will not pay any of the bill. The reason could be that your case does not meet their specific criteria, the procedure is a specific exclusion of your insurance plan, etc.
- **Pending:** Your insurance has requested more information about your case in order to approve the request. Our authorizations coordinator will handle these inquiries and will reach out to your provider, or you if they need specific information.
- **Appeal:** Insurance companies may allow our office to submit an appeal after they denied our initial request. This consists of our office compiling more information for your case in order to meet your insurance's criteria.

## Denial and Appeal Policy

- Stiller Aesthetics will submit one appeal if the prior authorization request does not meet your insurance's criteria and is denied. If that appeal is denied, the patient is responsible for any appeals they wish to submit further.
- Stiller Aesthetics is not responsible for acquiring new documentation from your doctors to meet prior authorization criteria. Please reach out to your doctors to discuss your case and acquire necessary documentation.
- Stiller Aesthetics is not responsible for any further action if your case is deemed a "policy exclusions" or "exclusion of benefits". Please contact your insurance company to further discuss your options.