



## **Questions to Consider Asking for Any Procedure**

Just remember this is about you! These questions are examples to help you get information and advocate for your needs. All of these questions vary depending on the surgery itself.

### **Section One: Pre-consultation phone call**

- Do you still perform (insert surgery name)?
- How often do you work with Trans/Non-binary folks?
- How often do you work with people of color and indigenous folks?
- How often do you work with people who have disabilities?
- Does your clinic accept clients of health at every size?
- How do I set up a consultation?
- Are consultations free?
- Do you accept insurance? If so, what kinds?
- What is your timeline like in order to receive this procedure?
- Do I need any paperwork filled out by myself, a mental health professional or healthcare professional before my consultation?
- What techniques do you use for (insert surgery name)?
- How much experience does (insert surgeon's name) have?

### **Section Two: Talking to insurance**

- What kind of plan do I have? (PPO, HMO, Medicare, Medicaid, etc.)
- Does my plan cover (insert surgery name)?
  - Does my plan cover Trans/Non-binary surgeries?
  - What Trans/Non-binary surgeries do you cover?
- Do you have any "In-Network providers" for this surgery(s)?
  - May I use the surgeon I like best?
  - If you have a surgeon in mind, is this surgeon "In-Network or Out-of-Network"?
  - If I want to see a surgeon who is Out-of-Network, will my insurance cover all or part of the surgery?
- Do I need any: pre-authorization, pre-certification, or reimbursement forms? Ask to have them walk you through those steps if so (take notes because they can be very tricky). Some of these things may be steps that your surgeon or referring healthcare provider will need to complete.
- What are my deductible and out of pocket costs? (Ask what these mean)
- Do you have any "Health Insurance Advocates" that can help me through this process on your end?

### **Section Three: Consultation**

- What specific techniques for this type of surgery does this surgeon use?
- What are the risks of this procedure?
- What is (insert surgeon's name) complication rate?
- Can you provide me with any other data about patient satisfaction and outcomes, including photos?
- Are there any requirements before this procedure?
  - Stopping medication? Paperwork? Diet? Physical activity?
- How permanent is this? Is this something that I have to keep coming back for modifications?
- How long is the recovery process? What are your recommendations for “my” most optimal recovery?
- What recommendations can you give me on nutrition to encourage my recovery process?
- Will the anesthesia limit my ability to get other surgeries before or after this surgery?
- How/When may I drive next?
- When may I go back to work?
- What is the deposit/reservation cost of this procedure?
- What is the cost of the procedure?
- Do you work with insurance, and how do you work with them?
- Is this procedure commonly covered by insurance?
- Do you work with any repayment companies, for instance CareCredit?
- Do you offer payment plans or discounts?

### **Section Four: After choosing your surgeon and last check-in before surgery**

- Do I need any medical clearance before the surgery date?
- What should I wear the day of surgery? *(it may be suggested to wear something tight or loose, depending on the surgery)*
- What clothes would you recommend that I wear post surgery? *(it may be suggested to wear something tight or loose, depending on the surgery)*
- Do I need someone to drive me home afterwards?
- Do I need a caregiver (could just mean a family member or friend) after my surgery, and for how long?
- What are your post care recommendations?
- Will I have stitches?
  - What is the post surgical scar healing process after removing the stitches?
- Are there any requirements before this procedure?
  - Stopping medication? Paperwork? Diet? Physical activity? *(If they ask you to stop any medication, be sure to also consult with the healthcare provider that prescribes the medication.)*
  - When may I start medication again?
- How/When may I shower?
- How/When may I sit?
- How do I use the bathroom?
- How should I sleep?
- How/When may I drive next?
- When may I go back to work?
- How/When may I engage in sexual activity?
- When am I able to work out again? How should I work out?