



East Coast Advanced Plastic Surgery, LLC

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Phone: 201.449.1000 ❖ Fax: 201.399.2433

Patient Name: _____

Procedure: _____

Scheduled Date of Surgery: _____

You will need to meet pre-requisites and submit required documentation to meet your insurance requirements prior to surgery. This will need to be sent to your insurance carrier for prior authorization. If you do not have health insurance or a plan that covers your needed services our team will work with you to provide self-pay rates. We also specialize in working with your insurance carrier to obtain in-network exceptions on your behalf. If you have further questions about your plan, ask to speak with someone from our billing team.

A letter of a written psychological assessment from at least **one** qualified behavior health provider experienced in treating Gender Dysphoria*, is needed for **breast/top surgery (chest masculinization or feminization)**.

The assessment must document that an individual meet all of the following criteria:

- Persistent, well-documented Gender Dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Must be at least 18 years of age (age of majority) ** there are exceptions here based on insurance plan
- If significant medical or mental health concerns are present, they must be reasonably well controlled.

A letter or a written psychological assessment from at least **two** qualified behavioral health providers experienced in treating Gender Dysphoria*, who have independently assessed the individual, is required **for genital surgery**. The assessment must document that an individual meet all of the following criteria:

- Persistent, well-documented Gender Dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- Must be at least 18 years of age (age of majority)
- If significant medical or mental health concerns are present, they must be reasonably well controlled
- Complete at least 12 months of successful continuous full-time real-life experience in the desired gender



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- Complete 12 months of continuous cross-sex hormone therapy appropriate for the desired gender (unless medically contraindicated).

PLEASE NOTE mental health provider(s) must hold a Master's degree or equivalent in a clinical behavior science field granted by an institution accredited by the appropriate national accrediting board. The professional should also have documented credentials from the relevant licensing board or equivalent; and

- I. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Disease for diagnostic purposes; and
- II. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria; and
- III. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria; and
- IV. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

Please submit your letter(s) to the office staff and coordinator at Dr. Keith's office. Any questions please call the office directly at 201.449.1000, sample letters are included in your packet. Once our billing department has obtained authorization for your surgery you will have a pre-operative appointment to discuss final plans for surgery and receive information regarding pre-operative instructions and post-operative care. Our office is designed to help, support and we are always just a phone call away for guidance and care.