UnityPoint Clinic

BARIATRIC SURGERY PROGRAM APPLICATION

Instructions: 1. Print this application and fill out. 2. Drop off or mail a copy to UnityPoint Weight Loss Management, 600 John Deere Rd, Ste. 301, Moline, IL 61265. If you have any questions, please call (309) 779-4400.

Date:							
SELF							
Last Name:		First:		MI:		Maiden:	
Address:							
City:		State:		Zip:			
Contact #:		Height:		Weight:			
Date of Birth:		Email:					
Gender at Birth	☐ Male	☐ Female					
Race:	☐ White	☐ Hispanic	☐ Asian	☐ Native American / Alaskan Native			
	☐ African American		☐ Other:				
Employer							

YOUR PRIMARY CARE PROVIDER					
Provider Name:					
City:		State:		Zip:	
Phone:		Fax:			

If you don't have a primary care provider, you must be established or scheduled with one prior to your first visit.

PRIMARY INSURANCE INFORMATION					
Primary Insurance Co:					
Address:					
City:		State:		Zip:	
Policy Holder's Name:					
Relationship to Patient:					
Policy #:		Group /Plan#:			
Customer Service Phone:					
Provider Inquire / Pre-Certification Phone:					
Contact Person:					
Is weight loss surgery for "Morbid Obesity" a covered benefit?			☐ Yes	☐ No	
If you have **EVER** had weight loss surgery: Is **REVISION SURGERY** a covered benefit:			☐ Yes	☐ No	

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the physicians and outpatient staff in attendance on this case to release medical information to the pertinent insurance company(s) or third-party carriers and request payment to be made directly to the billing entity.

I understand that I am financially responsible for any balance not covered by the insurance carrier(s).

I also request that payment of benefits from my policy be paid directly to the billing entity until otherwise notified. _____

Signature: _____

1.	Have you had any prior weight loss surgeries or procedures **OR** started the process for bariatric or weight loss surgery in the past? (i.e. Roux-en-Y gastric bypass, sleeve gastrectomy, duodenal switch, gastric banding, vertical banded gastroplasty, endoscopic weight loss procedures, intragastric balloon, etc).		YES	NO
2.	Has your weight changed more than 10 lbs. in the last five years?		YES	NO
3.	Do you have a primary care provider (i.e. family doctor, PA or NP)?		YES	NO
4.	Are you currently using tobacco or nicotine? (i.e. cigarettes, cigars, hooka, vapes, e-cigarettes, nicotine replacement products, etc.)		YES	NO
5.	Have you ever been seen in the emergency department or admitted to a hospital/treatment facility for any of the following:			
	Mental health crisis		YES	NO
	Alcohol intoxication/overdose		YES	NO
	Drug intoxication/overdose		YES	NO
	Disordered eating (i.e. binge eating, anorexia, etc).		YES	NO
6.	Have you been diagnosed or treated for cancer within the last five years?		YES	NO
7.	Have you had a sleep study?		YES	NO
8.	Do you have sleep apnea?		YES	NO
9.	Do you use oxygen?		YES	NO
10.	Have you been pregnant in the last year?	NA	YES	NO
11.	Do you want to become pregnant in the next year?	NA	YES	NO
12.	Do you have a current list of medications? We will need list at your first appointment.		YES	NO

INSURANCE DISCLAIMER

Many insurance companies have specific requirements that must be met before surgery is approved.

Instructions:

1. Call the customer service number on your insurance card and speak to a customer service representative.
2. Tell the representative that you would like to check policy benefits for weight loss surgery for morbid obesity.
3. UnityPoint General Surgery clinic 600 John Deere Road, Suite 600, Moline, IL 61265 is where the surgery will take place.

Disclaimer:

- The UnityPoint Bariatric Surgery Program is **NOT** responsible for incorrect information provided by the insurance company.
- Completion of this form does not mean that you are approved for weight loss surgery and does not guarantee payment for services. You will be responsible for any charges that your insurance does not cover.

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Expectation Agreement for Bariatric Surgery

You are being considered for a bariatric procedure (Gastric Bypass Roux-En-Y, Sleeve Gastrectomy). You need to be aware of what you will need to do both before and after the surgery to be sure this is the right treatment for you. Since this is so important, this handout will describe our expectations and your commitment as a surgery candidate. The success of your procedure depends on your following a lifelong plan that includes:

- Regular clinic visits, procedures, and lab tests.
- Taking medicines every day for the rest of your life.
- Regular physical activity.
- Eating as directed to keep you healthy and at your targeted weight.

I, _____, commit to myself, my family, and the bariatric surgery team that I will take care of myself in the following ways:

Before surgery I will:

- Attend all of my clinic, test, and lab appointments, and follow my clinical team recommendations while waiting for surgery. I will call to reschedule any appointments that I am not able to attend at least 24 hours in advance (this clinic has a strict no show/cancellation policy that may result in dismissal).
- Treat all staff respectfully. I understand that aggressive behaviors, swearing at or threatening staff and making racist, sexist, ethnic, or homophobic comments could result in immediate dismissal from the practice.
- Take medications and vitamin regimen and follow any recommendation for behavioral therapy as determined by the clinical team.
- Have a working telephone so I can be contacted for appointments at home or when away from home. I know I need to respond to calls from the bariatric team in a timely manner. I am aware that I will have to be able to participate in virtual appointments as necessary. MyChart is consistently used in this clinic and is strongly encouraged for our patients.
- Do my best to follow the eating plan given to me by the clinical team and provide up to date and complete food logs at each appointment. When I am placed on a weight loss plan, I must continue to move toward my weight goal with diet and exercise.
- Not use any substances and drugs not prescribed by my doctors or become pregnant. This includes:
    - Non-prescription drugs and misuse of prescription medication. I understand I must not have any dependence to any recreational drugs, including marijuana.
    - Tobacco use including cigars, cigarettes, chewing tobacco, snuff, vapes, e-cigarettes or pipes. I understand smoking promotes ulcers and general complications related to bariatric surgery.
    - Alcohol such as beer, wine, or cocktails. I understand that I cannot have any alcohol dependence for one year prior to surgery and following surgery to avoid transfer addiction. I understand non-adherence to this may result in weight gain or complications.
    - Pregnancy: I understand that I have been advised to avoid pregnancy for 18 months following surgery and many not have had a pregnancy within 12 months prior to surgery.
    - I understand that I must avoid using NSAID medications after surgery and understand that taking NSAIDs after surgery may produce severe complications.
- Have random urine and blood tests for drugs, nicotine, and alcohol. I know I must abstain from tobacco used for life. I understand that if a positive result is found, I will not be considered for candidacy.

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Expectation Agreement for Bariatric Surgery

- Call my insurance company to find out about my coverage for my procedure**. I understand that I am responsible for bariatric surgery costs not covered by my insurance. These may include hospitalization, provider charges, outpatient and laboratory charges, and medicines. It is also my responsibility to let the office know AS SOON AS I HAVE ANY CHANGE TO MY INSURANCE, as this may affect my course of treatment.**
- Follow all guidelines and recommendations set forth by my clinical care team in a timely manner and treat all members of the team with respect.

After Bariatric Surgery:

I also know **after bariatric surgery and for the rest of my life**, I will be expected to:

- Take my medications and annual lab work as ordered by my care team.
- Meet protein and fluid intake requirements post-surgery to avoid malnutrition, dehydration, nausea, and vomiting.
- Limit lifting, pulling, or pushing objects weighing more than 10 pounds for two weeks and 25 pounds for six weeks after my surgery OR until my doctor tells me it's okay.
- Plan appropriately knowing that up to six weeks of FMLA will be supported by our team. It will start the day of my surgery and will be sent directly to my human resources department.
- Continue my care with my primary care provider, behavioral health, and bariatric clinical team.
- Work with my primary care provider and/or chronic pain management provider if I need long-term pain medicine or short-term pain medicine other than during the immediate post-operative period.

My agreement:

I know that I want to have bariatric surgery and I am willing to what is needed. I understand that this is an elective procedure (a choice). If I feel like I am not able to do what is required, I will make an appointment with one of the clinical care team to talk about this. I also know that if I do not do what is needed or recommended by the care team, I will not be considered a candidate for bariatric surgery. I sign that I have read and understand this form and agree to do what is needed for my bariatric procedure.

Cancellation/No Show Policy: I know that if I have **3 or more No Shows OR Cancellations (combined)** that I may not be considered a candidate for bariatric surgery.

Patient Name (Print):_____

Signature:_____ Date/Time:_____

Copies of this contract will go to you and be added to your medical record. Please keep this as a reminder of what you need to do.