

Surgical Options in Weight Loss

“Making the decision for a life style change”

- ❑ The patient attends a mandatory free information seminar and receives an information packet.
- ❑ The patient is required to read and complete their entire information packet.
- ❑ All patients must call their individual insurance carrier and check to see if there are any exclusions for bariatric surgery. **The billing code for Gastric Bypass is 43644 and 43770 for Lap Band.**
- ❑ Please include the following information when returning your packet:
 - A copy of your insurance card, (front and back). All information must be legible
 - A letter of medical necessity from your primary care physician. Please have your physician include the past 5 years of documented weights and an office note for each of the last 5 years. Also have your physician include co-morbid conditions and any weight loss attempts. Weight loss attempts should include dates, results, medications, diet and exercise modifications. (Please provide your Primary Care Physician with the enclosed form.)
 - A letter of support from you and two family members or friends.
- ❑ Complete the entire information packet. Once the information packet is completed, please return all information to Central Carolina Surgery, Attention: Bariatric Liaison. Please do not send partial or incomplete packets. Only send your packet in when it is complete. Remember to keep a copy of all documents for your records.
- ❑ The Bariatric Liaison will check your packet for completion. If any additional information is required you will be notified.
- ❑ The Bariatric Liaison will contact you to review our financial policies and provide you with your appointment dates. Following the review of all your records you will be notified to make an initial appointment with the physician.
- ❑ The Bariatric Liaison will communicate all appointment dates/times to you at the time of your initial appointment. **Failure to keep your appointments will result in surgery delays and/or cancellations.**
- ❑ Upon completion of all appointments, documentation will be forwarded to the Bariatric Liaison to begin the insurance prior approval process. This process can take 2-3 weeks.
- ❑ The second surgical consult appointment will be made after prior approval from your insurance carrier has been received and all financial obligations have been satisfied.

Your surgery will ONLY be scheduled after all financial arrangements have been met.