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# Welcome to Our Program

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Dear Patient,

We would like to thank you for attending our Bariatric Educational Seminar. Our goal is to assist you in taking control of obesity and your life through education, surgery and lifelong support.

Severe obesity is a chronic disease that has many contributing factors involving environment, genetics, physiology and psychology, metabolism and behavior. Obesity comes with substantial risks. An obese person has ten times the risk of developing Type-2 diabetes and three times the risk for developing coronary heart disease. Excess weight also increases the risk and severity of nearly thirty other serious medical conditions, including high blood pressure, high cholesterol, stroke, gall bladder disease, lipid disease, joint disease, sleep apnea, respiratory problems, depression and cancer.



Severe obesity is not a disorder of willpower, rather a disease process that requires medical treatment and/or surgical intervention.

The Bariatric Surgery Center at Memorial Hospital offers the opportunity for individuals who are morbidly obese to begin the journey towards a healthy life. Bariatric surgery, the surgical treatment of obesity, is the most successful approach to rescuing patients from morbid obesity and can reverse or prevent the development of diseases associated with obesity. Surgical treatment for morbid obesity is not a cosmetic procedure, rather is a tool to aid in weight reduction and assist with the resolution of obesity related diseases.

**Please understand that your process to surgery does not happen overnight.** In some cases, it could take up to 6 months to reach surgery. Memorial Bariatrics is dedicated to your weight loss success and will be there every step of the way to guide you through the process.

**If at any time you have questions or concerns about the process, surgery itself or just want to speak to one of our Bariatric Patient Advocates, please call us at 904-702-6360.**

Sincerely,

The Memorial Bariatric Team

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# Frequently Asked Questions

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## **Do I Qualify for Surgery?**

According to the guidelines established by the National Institutes of Health, bariatric surgery may be right for you if:

- You have a BMI greater than 40. Please see the enclosed BMI Chart.
- You have a BMI greater than 35 with co morbidities (diabetes, high blood pressure, etc.).
- You are 18 years of age or older.
- You have been unable to lose weight and keep it off through traditional methods like diet and exercise.
- You are ready to commit to a healthy, active lifestyle.
- You do not have medical conditions that could cause serious complications during or after surgery.
- You understand the benefits as well as the bariatric surgery risks and complications so you have a full understanding of what to expect.

## **Where do I begin?**

The team at Memorial Hospital Bariatric Center is here to guide you through the entire process to surgery. We will make every attempt to make this process as smooth as possible for you. Our process is broken up into three stages. You must complete all stages prior to setting your surgery date.

## **How long does the process take?**

Every patient's insurance and medical history is different. Both these factors can affect your actual time to surgery. We have provided an insurance list in this package to give you an estimated time to surgery.

## **What are my costs?**

As a courtesy, Memorial Bariatrics will provide you an estimated cost after we have had a chance to speak to your insurance company.

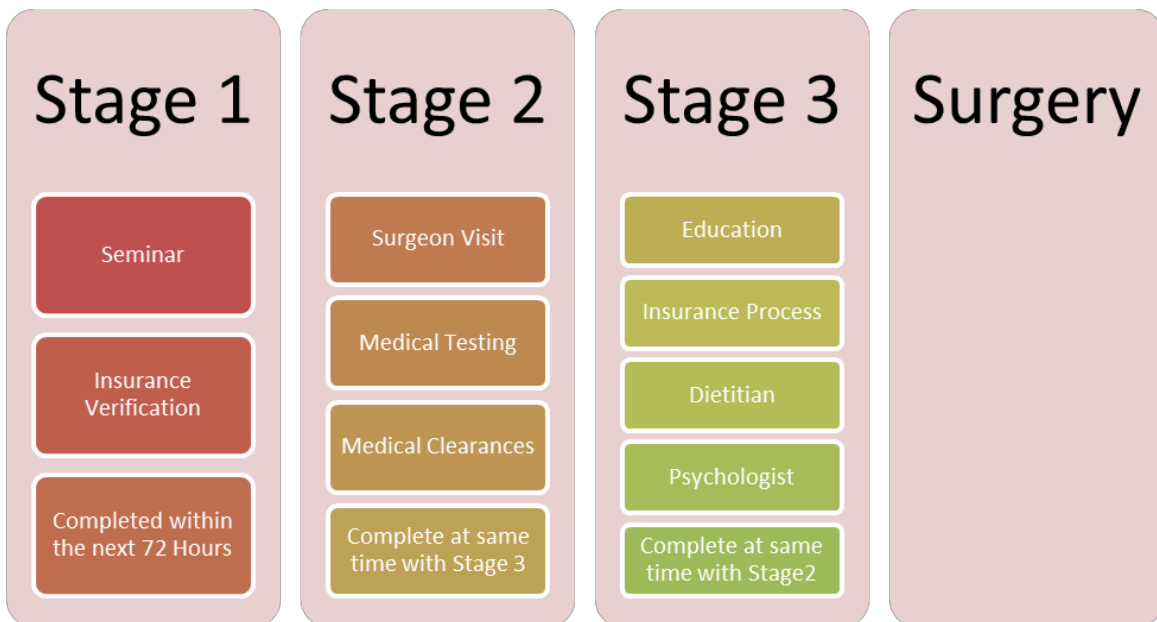
## **When can I go back to work?**

We recommend that all patients plan on at least a week off from work.

# The Stages

We have divided the process to surgery into three stages. Each stage must be complete prior to you going to surgery. We have provided you with a checklist and instructions for each stage in this packet. If at any point you have any questions, please contact Memorial Bariatrics.

**Please note that stage 2 and 3 will be coordinated at the same time.**



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## Stage One Instructions

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We have collected your insurance information and basic health information required to determine your eligibility for surgery. We will be taking this information and contacting your insurance company to determine if you have coverage for Bariatric Surgery in your policy and to find out the requirements for approval. You will receive a call back from Memorial Bariatrics within the next two business days to discuss this information. During this phone call, you will also receive information on your next step in the process.

**Memorial Advanced Surgery Insurance Processing Contact:  
Debbie Colgrove-904-399-5678 Extension 210**

### ***Insurance Requirements***

Each insurance company has its own criteria for bariatric surgery, and policies change frequently. We will work with your insurance company on your behalf and submit all required information to expedite their approval process, so you will know in advance, what is covered.

We will prepare a letter to establish the "medical necessity" of weight loss surgery and obtain pre-authorization from your insurance company. We will need some facts and records from you to prepare this letter, such as your height, weight, body mass index and any documentation proving how long you have been overweight. Insurance companies will not accept "morbid obesity" as enough to establish medical necessity. They require a full description of your obesity-related health conditions, including documentation of the affects they have had on your everyday life, records of treatment, and medication histories.

We will need a detailed history of your dieting efforts and results with medically and non-medically supervised programs, including medical records, and payment and attendance records with commercial weight-loss programs.

### ***What is an "Exclusion?"***

Unfortunately, many policies have "Exclusions" written into them regarding the treatment of morbid obesity. This means that even though the treatment may be "Medically Necessary", it is not a covered benefit. Industry leaders are working diligently to make national changes regarding coverage and Medicare's announcement of national coverage may help the push for all insurance companies to provide coverage. If your policy has an "Exclusion", there is little that can be done. There are some options you may want to evaluate:

- ✦ You may have to change policies, if this is an option, during open enrollment from the HMO to the PPO, although there is no guarantee that the other policy will cover obesity surgery.
- ✦ You may have to change to a spouse's policy.
- ✦ You may have to finance or privately pay the surgery (please call our office for details).

The surgical treatment of morbid obesity is a covered benefit under many insurance policies. Coverage depends on what type of policy you have and the terms within the policy. Each insurance policy can vary greatly as each insurance company issues different policies. Your employer and the insurance company determine the benefits available to you.

Insurance	Supervised Diet Required	Dietary Evaluation	Psychological Evaluation	Procedures Covered	Average ETA Surgery
Medicare	3 Month Physician Supervised	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	3-4 Months depending on Diet Documentation
Tricare	3 Month History	Required	Required	Gastric Band Gastric Bypass	3-4 Months depending on Diet Documentation
Aetna	3 Month Multi Disciplinary Program	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	3-4 Months depending on Diet Documentation
BCBS	Diet Depends on Issuing State	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	1-6 months depending on Diet Documentation
Cigna	3 Month Physician or Dietitian Supervised	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	3-4 Months depending on Diet Documentation
United Health Care	Depends on Policy	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	1-6 months depending on Diet Documentation
Avmed	6 Month Physician Supervised	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	1-6 months depending on Diet Documentation
Humana	Depends on Policy	Required	Required	Gastric Band Gastric Bypass Gastric Sleeve	1-6 months depending on Diet Documentation
Self Pay	None	Required		Gastric Band Gastric Bypass Gastric Sleeve	Less than 90 days

The information provided above is not based on your specific insurance policy and does not guarantee that your insurance will approve and/or reimburse for the procedure.

## Stage Two – Medical Instructions

Stage Two will officially begin at your first appointment with the Surgeon. It is at this time that the surgeon will review your medical history and a physical examination will take place.

Your surgeon will then decide on the required medical clearances and medical tests that you will need to complete in order to finish this stage.

At this point, a member your surgeon's office will help you to complete your checklist items. Please use the attached checklist.

## Stage Three – Program

### **Pre Operative Services**

Stage Three begins with Memorial Hospital Bariatric Surgery Center. During this stage you will complete a Nutrition Education Class, Dietary Evaluation, Psychological Evaluation and begin the insurance approval process.

Our dedicated Bariatric Team is here to assist in guiding you through the process to surgery. Our non-refundable program fee for assisting you to surgery is \$200. We have included the services you will receive below.

#### **Bariatric Coordinator**

- Ensures the program meets and or exceeds the requirements for Bariatric Accreditation.
- Oversees patient flow to surgery
- Support Group leader

#### **Bariatric Patient Navigator**

- Ensures a smooth transition through to surgery.
- Assists in teaching dietary needs of the post-operative bariatric patient.
- Covers pre-operative surgical prep diets and post -operative surgical recovery diets.

#### **Bariatric Dietitian (Additional Fees Apply)**

- Pre Operative Dietary Evaluation.
- Supervised Diets
- In-patient Dietary Consultations
- Post Operative Dietary Consultations

#### **Clinical Psychologist**

- Listing of available psychologists will be provided
- Pre Operative Psychological Evaluation may be completed with your own provider.



## Stage Three Instructions

1. At your first appointment with the surgeon, you will be given a professional Services Contact list with names of psychologists and dietitians to call and schedule you stage 3 appointments with.
2. Visit or call the Memorial Bariatric Center at 904-702-6360 to schedule your Mandatory Pre-operative Nutrition Education Class and coordinate your first appointment with one of the Memorial Bariatric dietitians for your required Dietary Evaluation. (Office located on the main floor near the Women's Center)

Pre Operative Out Of Pocket Expenses	
<b>Memorial Bariatric Program Cost includes:</b> <ul style="list-style-type: none"> <li>✦ Pre-operative Navigation</li> <li>✦ Pre-operative Nutrition Education Class and Education materials               <ul style="list-style-type: none"> <li>○ Dietary needs of the post-op bariatric patient</li> <li>○ Pre-operative surgical prep diets</li> <li>○ Post-op surgical recovery diets</li> </ul> </li> <li>✦ Lifelong access to weekly support groups and special events</li> <li>✦ Lifelong access to Bariatric Support Team (dietitians and nurse) for follow-up</li> <li>✦ Ensures the program meets and or exceeds the requirements for Bariatric Center of Excellence certification</li> </ul>	\$200 (Non-Refundable due before your surgery date)
<b>Available services if not using own provider</b>	
<b>Dietitian Consultation:</b> <ul style="list-style-type: none"> <li>✦ includes dietary evaluation and documentation required prior to surgery</li> <li>✦ in-patient hospital visit and a post-surgery follow-up call</li> </ul>	\$85 (Non-refundable due at time of service)
<b>Dietitian Supervised Diets(If required by insurance)</b>	
3 Month	\$100 total - includes initial evaluation (only \$15 additional)
6 Month	\$115 - includes initial evaluation (only \$30 additional)



# Medical Records Release

Patient Name	Date of Birth	SSN #
Home Phone Number	Cell Phone Number	Work Phone Number
Address :		
City	State	Zip
<b>From:</b> _____ _____	<b>To:</b> Memorial Bariatric Surgery Center 3625 University Boulevard South Jacksonville, FL 32216 Phone – 904-399-6360 Fax – 904-391-3215	
<b>Please send all records to fax number 904-391-3215.</b>		
<b>Requesting:</b>		
<input type="checkbox"/> Past ____ Years of Medical Records	<input type="checkbox"/> Completed Supervised Diets	
<input type="checkbox"/> Most Recent lab work	<input type="checkbox"/> Psychological Evaluation	
<input type="checkbox"/> Upper GI/endoscopy results	<input type="checkbox"/> Other _____	
<b>EXPIRATION:</b> THIS AUTHORIZATION SHALL EXPIRE UPON THIS EXPIRATION DATE OR EVENT:		
<ul style="list-style-type: none"> <li>• I UNDERSTAND THAT THIS AUTHORIZATION MAY BE REVOKED BY ME AT ANYTIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE UPON IT.</li> <li>• I ACKNOWLEDGE AND HEREBY CONSENT TO SUCH, THAT THE RELEASED INFORMATION MAY CONTAIN ALCOHOL, DRUG ABUSE, PSYCHIATRIC, HIV TESTING, HIV RESULTS, OR AIDS INFORMATION.</li> <li>• THE INFORMATION USED OR DISCLOSED PURSUANT TO THE AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER PROTECTED.</li> <li>• FEES/CHARGES WILL COMPLY WITH ALL LAWS AND REGULATIONS APPLICABLE TO RELEASE OF INFORMATION.</li> <li>• I HAVE READ THE ABOVE AND AUTHORIZE THE DISCLOSURE OF THE PROTECTED HEALTH INFORMATION AS STATED.</li> </ul>		
CONSENT GIVEN BY:		
Patient _____	Date _____	Time _____
Signature		
<b>PROHIBITION ON DISCLOSURE: THIS INFORMATION IS BEING DISCLOSED FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND FEDERAL LAWS. REGULATION PROHIBIT THE MAKING OF ANY FURTHER DISCLOSURE OF THIS INFORMATION. FEES/CHARGES WILL COMPLY WITH ALL LAWS AND REGULATIONS APPLICABLE TO RELEASE OF INFORMATION.</b>		

# Personal Physician List

Please list all physicians who you have seen in the past 5 years

## PRIMARY CARE PHYSICIAN

Doctor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Office Use</b>
<input type="checkbox"/> records
<input type="checkbox"/> S. Diet

## CARDIOLOGIST

Doctor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Office Use</b>
<input type="checkbox"/> records
<input type="checkbox"/> S. Diet

## PULMONOLOGIST

Doctor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Office Use</b>
<input type="checkbox"/> records
<input type="checkbox"/> S. Diet

## ENDOCRINOLOGIST

Doctor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Office Use</b>
<input type="checkbox"/> records
<input type="checkbox"/> S. Diet

## OTHER

Doctor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Office Use</b>
<input type="checkbox"/> records
<input type="checkbox"/> S. Diet

## OTHER

Doctor Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>Office Use</b>
<input type="checkbox"/> records
<input type="checkbox"/> S. Diet

# Patient Checklist

<b>Stage 1</b>			
	<b>Process Point</b>	<b>Point of Contact</b>	<b>Date Complete</b>
	Attend Informational Seminar with surgeon	Memorial Bariatrics	
	Insurance Verification	Memorial Bariatric	
<b>Stage 2 - Medical</b>			
<b>Surgeon Visit</b>			
	<b>Clearances</b>	<b>Required</b>	<b>List Doctor(s)</b>
	<b>Primary Care</b>	<b>YES</b>	
	Cardiac	Yes No	
	Pulmonary	Yes No	
	Endocrine	Yes No	
		Yes No	
		Yes No	
	<b>Medical Tests</b>	<b>Required</b>	<b>Point of Contact</b>
	H. Pylori	Yes No	Surgeon's Office
	Upper GI	Yes No	Surgeon's Office
	Upper Endoscope	Yes No	Surgeon's Office
	Gall Bladder Sonogram	Yes No	Surgeon's Office
	TSH/Cortisol	Yes No	Surgeon's Office
	Sleep Study	Yes No	Surgeon's Office
	Stress Test	Yes No	Surgeon's Office
	EKG	Yes No	Surgeon's Office
		Yes No	Surgeon's Office
<b>Stage 3 – Program</b>			
	<b>Check in With Memorial Bariatrics</b>	<b>YES</b>	Memorial Bariatrics
	<b>Bariatric Educational Class</b>	<b>YES</b>	Memorial Bariatrics
	<b>Dietary Consultation</b>	<b>YES</b>	Memorial Bariatrics
	Psychological Consultation	Yes No	Memorial Bariatrics
	Supervised Diet	3 6 N/A	Memorial Bariatrics
	Medical Records	2yr / 3yr / 5yr	Memorial Bariatrics
	Insurance Submittal		Memorial Bariatrics
	Insurance Approval		Memorial Bariatrics

Please note that Stages 2 and 3 will occur simultaneously.

## Professional Services

You will need to contact the following professionals to set up your Dietary and Psychological appointments.

### Dietary Consultation

Please complete this appointment prior to visiting with the psychologist.

Dietitian	Glorianne Boyd or Raylene Hungate	Kerri Napoleon
Address	Memorial Hospital Bariatrics	Available to meet at a couple of locations outside the hospital
Best Contact	904-702-6360	904-525-3447
Initial Consultation	\$85 Consultation Fee <ul style="list-style-type: none"> <li>1 Hour Evaluation</li> <li>Post Operative Hospital Visit</li> <li>Post Surgery Follow Up Call</li> </ul>	\$65 Consultation Fee 1 hour evaluation
Additional Services	<ul style="list-style-type: none"> <li>3 Month Supervised Diet               <ul style="list-style-type: none"> <li>\$15 additional to consult fee</li> </ul> </li> <li>Post Operative Dietary Consult - \$40</li> </ul>	<ul style="list-style-type: none"> <li>3 Month Supervised Diet               <ul style="list-style-type: none"> <li>\$35 additional to consult fee</li> </ul> </li> <li>6 Month Supervised Diet               <ul style="list-style-type: none"> <li>\$65 additional to consult fee</li> </ul> </li> </ul>

**Psychological Consultation: Call any of the psychologists below or pay \$150 self pay rate for online psych eval at <https://www.bariatricpsychevaluations.com/patient-registration-eval/>**

Psychologist	Dr. Sue Craven Williams	Dr. Frank Stanley, PHD	Dr. Jessica Anderton	Dr. Sari Bernstein, Phd.
Address	3215 Hendricks Ave #3 Jacksonville, FL 32207	6545 Bowden Road Jacksonville FL 32216	6817 Southpoint Pkwy Suite 802 Jacksonville, FL 32216	4110 Southpoint Pkwy, Suite 238 Jacksonville FL 32216
Best Contact	cravenwilliams@comcast.net	904-448-0079	904-900-3594	904-332-2525
Insurances Accepted	BCBS United Health Care Tricare	Aetna Cigna Tricare UHC Humana BCBS Multiplan Medicare Multiplan <b>-No Well Care</b>	No Aetna	AvMed, Humana, Aetna <b>-No Medicare</b>