

Ascension St. Agnes Bariatric Program  
WWW.MDBariatrics.com  
Phone (667) 234-8725 Fax (667) 234-8726

Dear Patient:

Following your appointment today, we will need further information before we can submit the information for authorization to your insurance company. Please have this information mailed, or hand carried to:

Drs. Averbach, Hamdallah or Swift  
700 Geipe Rd. Suite 203  
Catonsville MD 21228  
Fax: 667-234-8726

\_\_\_\_\_ Medical records to include the following:

A list of all Medications/Dosages, Cardiology notes, Stress Test Reports, Upper GI Report, Sleep Study Report, CPAP Report, Weights, H. Pylori screening, Other

\_\_\_\_\_ Your insurance company requires supervised weight loss attempts for at least 3-6 consecutive months (depending on the insurance company) or may allow for two diets of at least 3 months duration. Most insurance companies allow for records from programs such as Weight Watchers, Jenny Craig, etc., or they will accept office notes from your physician, or a dietician. THIS CAN NOT BE A SUMMARY LETTER.

\_\_\_\_\_ Lab results such as CBC, CMP, Lipid Panel, HgA1C, and Thyroid Tests- less than 1 yr. old

\_\_\_\_\_ A letter from your PCP that states you have no known contraindications for surgery.

All insurance companies require your psychological clearance be submitted prior to them authorizing surgery. We cannot submit the papers to your insurance company until this has been received.

\_\_\_\_\_ Your insurance requires a 5 yr. history of morbid obesity. Please have your Doctor's office provide this information via letter or weight chart.

\_\_\_\_\_ Other requirements based on your individual plan- our staff will advise you.

**We will submit your information to the insurance company for approval once all the requirements are met. We will advise you throughout the process, but it may take upwards of 30 days before we get an answer back from our request. We regret we can not schedule your surgery until we have received this authorization.**

**We submit for coverage in the order we see our patients, and patients are posted after receiving approval. We request you do not call for the status of authorization for at least 4 weeks.**

**Insufficient documentation will delay approval for your surgery.**

### Testing Prior to Surgery

The doctor will need you to complete certain studies. Please allow sufficient time to complete these tests. Your surgery can not be scheduled until they have been received by this office.

-----**Supervised diet** for ----- months. Please start this process ASAP!

\_\_\_\_\_ **Sleep apnea test:** The Doctor feels you may have a condition called sleep apnea. You can schedule this test at St. Agnes Healthcare by calling 410-368-3245. If you do have sleep apnea, you will be required to be fitted for a CPAP and be on this device for a minimum of 3-4 weeks before surgery, so you will want to schedule this study ASAP. Please have the results faxed to our office at 667-234-8726.

----- **Gallbladder or Liver Ultrasound:** You will need to bring a prescription for the test with you.

\_\_\_\_\_ **Upper GI Series (Xray)** to evaluate your esophagus and stomach.

----- **Upper Endoscopy (EGD)** to look at the inside of the stomach with a scope.

\_\_\_\_\_ **Cardiac Clearance:** The Doctor feels you need further cardiac workup before surgery. Please schedule this ASAP after consulting your Primary Care Physician. We will not post your surgery till this is received at our office. Please see the attached prescription.

**Nutrition consultation and teaching with Nancy Lum LD.** You may schedule this appointment by calling Nancy at 443-490-1240 or via Nutrition5.com. **You may not consult another dietician-** your Doctor feels they are the best practitioners to provide you with education you will need. Your spouse or significant other is encouraged to attend this appointment with you.

**Your Psychological Clearance:** You may choose someone within your insurance plan, or you may contact Dawn O'Meally at 443-590-0030. Please note it may take several weeks to schedule and for this information to be provided to our office, so allow enough time for our office to receive this report. All insurance companies require this for pre-authorization.

\_\_\_\_\_ **Consultation** with other specialists (pulmonology, endocrinology, hematology)

### **Once you have a surgery date, you will need to:**

**Pre-op Class:** When you have a surgery date you will be contacted for your pre-op class. Classes are held virtually at this time. You must complete this class or your surgery and return your consent forms or your surgery will be canceled.

\_\_\_\_\_ **Liquid Protein Diet** if recommended by your surgeon

\_\_\_\_\_ **Smoking:** You must be free of all tobacco products for 60 days prior to surgery, including chewing tobacco. Please inform Carol the scheduling secretary when you are tobacco free for 30 days.

**Pre-admission testing:** this includes a history and physical, lab work, a chest X-Ray, and EKG. You will be contacted by pre-admission testing. Their number is 667-234-2927.

----- **Fill prescription for your blood thinner ASAP prior to surgery** if ordered.

-----**Follow all preoperative instructions provided by your surgery scheduler.**