

The Nebraska Medical Center Gastric Bypass Bariatric Program Application Form

Your Information Session Appointment: _____

Day: _____ Date: _____

Thank you for your interest in the The Nebraska Medical Center Gastric Bypass Bariatric Program. The following will help you in considering and preparing for surgery.

1. Not all insurance programs cover weight loss. Please check your insurance coverage and benefits prior to surgery. Our office will obtain insurance pre-certification and benefit coverage for surgery, pre-operative testing and the hospital stay only. The patient is responsible for contacting their insurance company about coverage, deductible, co-pay and policy guidelines.

2. All patients must have a psychological evaluation prior to surgery. Our office will provide the name of a psychologist upon request. Confirmation and completion of this evaluation is required before surgery is performed.

3. Our office will bill your insurance company for the surgeon's fees and assistant surgeon's fees only. This does not include post-operative band fills for patients who are having laparoscopic adjustable band placement. *Should you elect to have additional fills of your band, this will be an out of pocket expense for you. We will not submit this to your insurance company as it is elective and not a covered expense.* The hospital or other providers bill all other fees.

4. Multiple Support Groups are available to all of The Nebraska Medical Center Gastric Bypass Bariatric Program participants. Ask our office for the locations and times.

5. Patients are requested to read the information and complete all the paperwork.

6. Please bring a *copy of your insurance card, front and back, with two (2) copies of your medical records and completed medical history* to the consultation. If the copy of your insurance card is not included, paperwork cannot be filed with your insurance company.

7. Insurance approval can take from 4 to 8 weeks. Insurance companies require a great deal of information and the Medical Director of the insurance company makes the determination of approval. *Please be patient. Our office will contact you when approval is received and set up a consultation appointment for you at that time.*

Welcome to our program. If you have any questions please feel free to contact our office, or you can E-mail to bariatricsurgery@unmc.edu. Please allow 24 hours for response to E-mails.

Patient Signature: _____ Date: _____