

Dayton Bariatric & General Surgery Center

A Member of Alliance Physicians, Inc.



Surgical Weight Loss

Packet 1

Information Packet

Your step by step guide to weight

David E. Bruce, D. O.

Our Locations:

- **7740 Washington Village Drive, Suite 110, Dayton OH 45459**
(937) 439-4145 phone ✧ (937) 439-4371 fax
877-298-0200 toll free
- **Victor J. Cassano Health Center 165 S. Edwin C. Moses Blvd. Dayton OH 45402**
Main Contact: 937-558-0156 fax: 937-558-0158
www.daytonbariatriccenter.com

PLEASE KEEP FOR REFERENCE

Dayton Bariatric & General Surgery

Information Packet

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Welcome to the Dayton Bariatric Center!

STEP 1: Educational Presentation

Thank you for attending our Weight Loss Surgery (WLS) presentation!

Make sure you signed in when you arrived to verify your attendance at this program.

Without this verification, you may have to re-attend this presentation at a later date. The folder that you have received at the information should be kept for reference. **Do not discard this folder or the contents.** This information given to you by our staff should be kept through the entire length of the program. You will refer back to it frequently for a proper understanding of the process.

The Dayton Bariatric Center is recognized as a Center of Excellence

There are several requirements that must be met in order to assist you in having weight loss surgery. The information session you attended is a requirement to be a weight loss surgery patient with our office. It provides educational information about risk and benefits of surgical weight loss.

At the end of the presentation, you will have an opportunity to ask the surgeons questions. There may be other staff available at the presentation to answer general questions regarding insurance, surgery scheduling, and program requirements. Questions are welcomed and encouraged. If you have additional questions, feel free to call our office 937-439-4145.

Demographic Packet

You will receive a folder with this packet and a separate Demographic Packet in your folder that has many forms for you to fill out and some forms for your other physicians to fill out. **The information in your Demographic Packet must be filled out ENTIRELY before your History and Physical appointment to avoid cancellation of your appointment.**

Your 1st appointment to see the surgeon (History & Physical)

We recommend that you write your questions down and bring them with you to your History and Physical (H&P) appointment, which is STEP 3 in our program (page 6).

If you do not have this appointment already set up; you may call our office 937-439-4145 Monday-Friday 8am-4pm to set up your next appointment!

NOTE: If you have Medicaid, Caresource or Molina; please call 937-556-0156 to set-up your appointment.

Thank you for attending!

David E. Bruce, D. O.

Getting Prepared

STEP 2: Your Information Packet

Demographic Packet

This packet provides information about yourself and your medical history that will assist your surgeon in determining the best healthcare for you. You will be giving this information to the receptionist when you come for your 1st visit with the surgeon (see Step 3). **It must be filled out ENTIRELY, BEFORE you come for your visit.** Missing information could result in a delay in seeing the surgeon, due to schedule limitations. In some cases your paperwork could be returned to you for more information.

Primary Care Physician (PCP) Clearance form

This form must be filled out by your current physician. This may be your family doctor or internal medicine doctor.

Records Release form

This form must be filled out by you and taken to your PCP's office. This form can be taken along with the PCP form mentioned above. We will be unable to send your information to your insurance company until we have received this information. Your medical record information needs to go back at least 3-5 years, and contain information regarding any illness that is affected by Morbid Obesity and any Physician Supervised Diet History that was attempted during that time.

Diet History Forms

Please fill out as much detail as possible. If you return the form and it is not filled out, we will have to *return the form to you* until it is filled out correctly.

Educational Packet

This is the packet you are currently reading and is for your personal use. Please keep this for reference throughout the process

UNDERSTANDING THE INSURANCE APPROVAL PROCESS

Insurance Worksheet

At the Educational Presentation you were given an **insurance worksheet** that will give us important information needed to contact your insurance company. We will contact your insurance company to find out if you have the **BENEFIT** for weight loss surgery. Having the benefit for weight loss surgery, means that your insurance company may approve weight loss surgery if it is proven that it is a MEDICAL NECESSITY and not cosmetic. If the information from your H&P and your physician information and records support the medical necessity for surgery then this will result in an approval if weight loss surgery is considered a benefit with your insurance.

Benefit Exclusions

If your insurance has an exclusion for weight loss surgery, this means that under **NO CIRCUMSTANCES** will your insurance carrier consider approval for weight loss surgery. If your Insurance Company has a Benefit Exclusion, we will not submit any information to the company for approval. You must have a secondary insurance company that has the weight loss surgery benefit or you may pay cash. You may obtain personal financing through your local bank or loan company to pay for weight loss surgery.

Submitting for Insurance Approval

Once you have completed your history and physical appointment or any other required appointments along with any required information, your information will be submitted to your insurance company for approval.

Insurance Denial

If you are denied for lack of information that you were encouraged to obtain and did not, we will not submit an appeal until that information is given to our office in the correct form. If you are denied for any other reason that we CAN appeal then we will provide you with the necessary information and get permission from you to appeal your case. Each case is limited to the amount of times an appeal can be made. This will need to be handled carefully to avoid unnecessary problems.

Insurance Approval

If you have a benefit for weight loss surgery through your insurance company and meet the criteria required by complying with all guidelines, you may be approved for weight loss surgery. Most insurance companies have a “**1 (one) weight loss surgery per lifetime**” policy. Once you are approved for surgery, your chart is forwarded to Surgery Scheduling for pre-admission testing and scheduling your surgery date!! The date will be determined by surgeon availability. Your personal schedule will be taken into consideration as much as possible, but we may not always be able to accommodate the date you request.

Insurance Requirements

All patients are required to complete the following PRIOR to surgery being scheduled regardless of what type of insurance policy you may have:

Psychological Evaluation (licensed psychologist/psychiatrist-see provided list in packet)

Nutritional Consultation (this does not include Medicare/Medicaid/Caresource/Molina)

Completed **Diet History Sheets** (in registration packet)

Primary Care Clearance form (PCP Clearance) in back of registration packet

Re-check appointment (within 30 days before surgery date)

A **letter of medical necessity (LOMN)** that is typed or neatly written by you explaining why you feel it is medically necessary for you to have surgery. Some Insurance companies require these items before they will determine if you will be approved for surgery.

Insurance requirements change often, so this list is subject to change at any time. In some cases our staff will provide you with a detailed copy of your general insurance policy if it is available (***see policy is marked if you need to refer to your individual policy**). Insurance companies are responsible to provide a copy of their policy though your human resources or by calling the customer service number on your card. Also, most insurance companies can be accessed online to view benefits and details of your policy.

The requirements listed below are subject to change by your insurance carrier at any time.

<u>Requirements</u> →→	Psycho logical Evaluat ion	Nutritiona l Consultati on	Required Years for Medical Records	<u>Consecutive</u> Months of Physician Supervised Diet History(PSDH)	Letter from Patient	Insurance Notes
<u>Insurance Company</u> <u>Name</u> ↓↓↓						
Aetna Very strict requirements will NOT approve if ALL listed is not completed	✓	✓	✓ 2 years	✓ 6 consecutive months completed in last *2 years>>>	✓	*see policy
Anthem BC/BS	✓	✓	✓ 2 years *Some out of state policies require 3-5 years	Some policies not all	✓	There are many different Anthem & BCBS policies. Our office will notify you with additional requirements if necessary*see policy
Caresource	✓	✓	✓ 2 years	✓ 9 Months completed in last 2 years		REQUIRES serious co-morbid condition (ex: diabetes, hypertension, sleep apnea) *see policy

Requirements → →	Psych Eval	Nutrition Consult	Required Years for Medical Records	Consecutive Months of Physician Supervised Diet History(PSDH)	Letter from Patient	Insurance Notes
Insurance Company Name ↓ ↓ ↓						
Cigna Very strict requirements will NOT approve if ALL listed is not completed	✓	✓	✓ 2 years	✓ 6 consecutive months completed in last 2 years		*see policy
Medicaid	✓		✓	Documentation of failed/non-effective weight loss history		*BMI must be 50 or above for consideration (plus documentation of major co-morbid conditions) *see policy
Medical Mutual	✓	✓	✓ 2 Years with documented weight	✓ 6 consecutive months	✓	*see policy
Medicare (must have A&B)	✓	<i>Medicare does not require information be sent to them prior to surgery however you must still meet all requirements of the program and surgery must be done at a center of excellence and will be out of pocket payment due before surgery is scheduled. See "fee" section for these amounts.</i>				
SPECIAL MEDICARE POLICIES : <ul style="list-style-type: none"> • Humana Gold • United Healthcare • Medicare Complete • Secure Horizons 	✓	✓	✓ 5 years medical records for pre-determination	<i>This form of Medicare <u>does</u> require pre-determination to obtain an approval, however in most cases; they do not require an out of pocket fee. If there is a fee required, it will follow the fee guidelines and will be due before surgery may be scheduled.</i>		
Molina	✓		✓ 2 years	✓ 6 months		Baseline Cardiac, Pulmonary, Thyroid, Endoscopy testing-see policy *see policy
United Healthcare	✓	✓	✓ 5 Years		✓	*see policy
KMC ANTHEM	<ol style="list-style-type: none"> 1) Employee must have worked for the network for 3 years. 2) Must call hospital for up-to-date charge not covered by insurance 3) 50 % of hospital charges not covered by insurance are due from the patient PRIOR to scheduling surgery. 4) Arrangements for the any additional hospital charge balance not paid by insurance are to be arranged prior to surgery. 					

Meeting Your Surgeon STEP 3: History and Physical Appointment (H&P)

What to bring

Please bring your

- **COMPLETED packet of demographic information** provided at the information session you attended. If the packet is not complete, we will need to reschedule you for another visit after the packet is completed.
- **insurance card**
- **driver's license**
- any applicable **co-pay**. Co-pays are required to be collected at the time of your visit. This is an agreement that you have with your insurance carrier. If we do not collect co-pays from patients, it can jeopardize your insurance coverage.
- Complete list of **medications**
- Notify staff of any **allergies** you may have or blood thinners (Coumadin) that you may be on.

Please bring a support person with you to your visits so they can become educated about the procedure and lifestyle you will be following. We ask that NO ONE UNDER 18 come to your appointments, due to the subject matters that may be discussed. Ask questions, share concerns you may have about surgery. Your support person may ask questions too. We want you to feel comfortable at this appointment. If there is medical information that you do not disclose at this appointment, you may have to return for an additional appointment for disclosure so we may add it to your chart.

What to Expect

At your visit with the surgeon, you will be bringing your COMPLETED packet of information. We will obtain your current weight, blood pressure and temperature. You will be asked to remove any objects from your pockets, jackets, shoes and/or any other items that may affect your weight. Your appointment will last approximately 15-20 minutes. You will discuss with your surgeon, your personal and family medical history. Procedures available will be discussed and then determine which procedure will be best for you. Certain medical conditions may make you eligible for only one procedure with no other choice. The surgeon may say that you will have better results with one procedure versus the other, but the final decision will be yours.

Previous Weight Loss Surgery

Patients that have had a previous weight loss procedure sometimes desire a revision to their previous weight loss procedure due to unsatisfactory weight loss. This is only done when it is determined that the previous procedure has failed. Our surgeons will need to evaluate your health history, along with testing to evaluate if the procedure has indeed failed.

Choosing your procedure

Choosing your weight loss procedure is a very important decision. It is of utmost importance that you spend time learning about the procedures available. Our surgeons currently perform open and laparoscopic Roux-en-Y, along with adjustable gastric banding. The gastric sleeve is also an option, however most insurance companies do not cover this procedure. Please visit our website for additional information about procedures performed by our surgeons. You can also learn more about our surgeons and see many success stories. www.daytonbariatriccenter.com.

Appointments Required

Please be advised: You may be required to make a number of visits to our office or another facility before AND after surgery to assure that you are obtaining the best care. This applies to patients that reside OUTSIDE of the state, also.

Free Information Session

History & Physical with surgeon

Re-check appointment within 30 days of surgery

Any clearance and testing appointments required (may varies with each patient)

Psychological Evaluation

Nutritional Consultation

Pre-admission testing prior to surgery

Hospital Stay

1-2 week follow-up after surgery

Follow-up visits as needed

Lap Band patients come back every 6 weeks or until optimum weight loss is attained.

For greatest success...be sure to attend a support group REGULARLY. The most successful weight loss patients attend support group.

Yearly follow-up care FOR LIFE!!

What happens after your 1st appointment

Your surgeon will make any notations in your chart that pertain to your healthcare. Your chart is then forwarded to the Pre-Determination Insurance Department in our office. At that time, all of the information that the Surgeon has recorded about you and your record information and other requirements are collected in a packet for the insurance company. Included in this packet is a Letter of Medical Necessity (LOMN) provided by the surgeon. This will be submitted to your insurance company to review for approval. Any information that is not available at your history & physical can be submitted later. The sooner all documentation is provided the sooner we can forward your information to your insurance carrier for review.

Ten (10) Day Liquid Diet

A form noting this diet will be provided to you at your history & physical. Please hold on to this information. Once you are approved and given a surgery date, you will be **required to start the 10 day liquid diet ten days before your surgery date.**

Waiting on Insurance Approval

After your information is submitted to insurance, we have to wait patiently for the information to be reviewed and processed. You may call and be told that they have not received your information. Please keep in mind that the contact person you have as an insurance subscriber is not the same person that we have as a contact for insurance approvals. It may take a period of time for the information to show up in your insurance companies records before they are aware that it has been received. During this time you may receive inaccurate information about your approval status.

How Long Does it Take to Receive Approval

Please be patient during this process. Repeated calls to our office do not speed up an approval from the insurance carrier, they will only delay us from helping another patient from receiving the needed assistance they require for their approval. We want you to be approved as much as you do. We will notify you as soon as we are aware of any change in status for your claim. This process can take anywhere from 2-5 weeks, depending upon the insurance carrier, information required, etc. There may be delays due to additional information being required. Again, this will depend upon your insurance carrier needs, so be sure to supply all information as soon as possible.

If your insurance companies have deductibles or lifetime maximums or out of pocket expenses it is your responsibility to know these guidelines. If you are not aware please speak with your human resources department at your employer's office or you may contact your customer services representative at your insurance company for this information.

Surgery Cancellations

Please keep in mind that the Surgeon reserves the right to decline surgery even with insurance approval. If there is any conflict of interest or underlying medical condition that may jeopardize your surgery outcome mentally, emotionally or physically; the Surgeon has the right to refuse your surgery.

Center of Excellence Requirements

- **Psychological Evaluation**
 - Being a ASMBS Center of Excellence, our office requires that you undergo a psychiatric evaluation. Many insurance companies will require patients seeking Bariatric Surgery to undergo a Psychiatric Evaluation to determine surgical readiness.
 - To expedite this request, below is a list of individuals that our office strongly encourages you to use. *These professionals are familiar with the requirements for Bariatric Surgery.* You may want to check with your insurance company to see if they have a psychiatrist that would be paid for under your particular insurance plan.
 - **Jeffrey R. Wilbert, PhD, 2717 Miamisburg-Centerville Rd., Suite 218, Dayton OH 45459, Phone 937-435-1911 Fax 937-435-9977**
 - **Donald S. Scott, PhD, 5335 Far Hills Avenue, Suite 221, Dayton OH 45429, Phone 937-438-7580 Fax 937-438-3351**
 - **PLEASE NOTE:** The psychological evaluation is used as a tool to determine if the patient is ready for the changes associated with the surgical weight loss procedure. If after evaluation the psychologist does not recommend a patient for surgery, additional counseling may be required. The counseling can be anywhere from 90 days to 6 months. Surgery will not be scheduled until the same psychologist re-evaluates the patient and gives a clearance for surgery. Our office reserves the right to have you re-evaluated by one of our Psychologist due to conflicting information or incorrect report format.
 - If you are currently using another psychologist or psychiatrist to obtain your evaluation; a letter from that physician will be accepted only if it contains the following information on the psychologist or psychiatrist letterhead in the report to be admissible for this program;
 - Your Name
 - Your date of Birth
 - Date of Evaluation
 - Evaluation Procedure (any testing used by the Psychologist or Psychiatrist for this evaluation)
 - Behavioral Observations

- Weight management history (information given by patient to psychologist): weight history, co-morbid conditions, knowledge of surgery chosen and risk and benefits, emotional eating behaviors
- Psychological functioning and history: Emotional functioning, psychiatric treatment history and medications, coping strengths and weaknesses;
- Social Support/Relationship History: Marital/Family status; type of support network
- Pertinent Educational and Employment History
- Cognitive Functioning
- Substance Abuse History
- Summary and Recommendation to proceed or not to proceed with surgery or Psychological Rehab
- Signed by Psychologist or Psychiatrist with License number
- Possessing a psychological condition does NOT mean that you are not a candidate for surgery. Each patient is required to understand all risk and benefits of surgical weight loss and follow up. You must maintain your psychological treatment with complete compliance to that programs requirements.
- **Nutritional Consultation** (required by over 90% of insurance companies) We will schedule this at one of our hospitals for you.
- **Primary Care Clearance**
- **Medical Records** usually 3-5 years is required.
- **Clearances** Cardiac, Pulmonary, etc only if you have a history of a heart or lung problem or abnormal testing; or requested by the Surgeon, PCP or Anesthesia.

Your Surgery is Approved...what next?

We will call you and schedule your surgery. This is done after an insurance approval is received. If you receive your approval prior to hearing from us, please contact us so that we can get a copy of the approval to begin scheduling your surgery.

The Surgery Scheduler will go over the available dates with you. At that time, you must have all of the requirements completed. If you do not have all of the requirements completed, the scheduler will let you know that it must be completed before scheduling. Depending on the type of procedure and your medical history, the Physician may request that you only be done at a specific hospital or with both Physicians available to perform the procedure.

Pre-Admission Testing

After your surgery date is given, you will be contacted within a few business days by the Pre-admission testing scheduler from the hospital. If you are not contacted within 2-4 business days, please call our office 937-439-4145. After pre-admission testing, you will only be contacted by us, if there are abnormal test results or if the hospital is requesting more information. **Please be advised, pre-admission testing takes about 4-6 hours.**

The Bariatric Coordinator at the hospital will review what you should expect during your hospital stay. You should bring all medications or a list including dosages to the hospital on the day of pre-admission testing.

Surgery Instruction Packet

You will receive an instruction packet from us based on your type of weight loss procedure chosen. The packet should arrive at your home about 1-2 weeks before your surgery date. If not, please contact our office.

Surgery Day

To avoid cancellation please arrive on time on your surgery date and make sure you have followed all instructions. If you change your mind about surgery or cancel surgery you may have to repeat steps before being rescheduled in order to verify that you are still a candidate for surgery.

Time Off Work after Weight Loss Surgery

The days below reflect the standard time off after surgery. Any changes must be approved by the surgeon. You must have completed your post-operative appointment to be released from by the physician. If you need more or less time you may need to make an additional appointment with the physician for this time frame to be changed. There is a minimal charge for EACH form to be filled out. Allow 5 days for the completion of these forms. If the form is needed within 5 days, there is an additional charge for the expedited preparation.

PROCEDURE	*PATIENT TIME OFF WORK/RETURN TO DUTIES	*CAREGIVER TIME OFF
Laparoscopic Adjustable Gastric Banding	2 weeks-if procedure done in the open fashion, the time off will change at the physicians recommendation	2 days-this includes the day of surgery
Laparoscopic Roux-en Y Gastric Bypass	4 weeks- if procedure done in the open fashion, the time off will change at the physicians recommendation	2 days-this includes the day of surgery
Open Roux-en Y Gastric Bypass	6 weeks-may changed based on physician recommendation	1 week- may change due to release to drive by physician

**All times are subject to change based on individual's patient's recovery. The physician will instruct you on when it is okay to resume driving and other normal activities. It is the responsibility of the patient to provide forms for employer to be filled out 2 weeks prior to surgery date. It is the employers decision only to approve or deny time off.*

Support Group Schedule

For the greatest success after surgical weight loss, be sure to attend support group.

PLEASE CALL OUR OFFICE FOR CURRENT DATES OR VISIT OUR WEBSITE www.daytonbariatriccenter.com

Self-Pay Fees

- Our practice offers the self-pay option to patients that may not have an insurance carrier that covers surgical weight loss procedures or may incur additional charges that their insurance company does not reimburse for. This option is offered with the understanding that the patient knows ALL charges for procedures for this surgery are to be paid by the patient, including any charges incurred after surgery.
- Self-paying patients are to be treated as any patient interested in the gastric bypass procedure that has insurance. Any requirements that must be met for the surgical weight loss procedure apply to ALL patients, whether insured or self-paying. Any requirements for pre-admission testing, psychiatric evaluations, etc., are necessary to evaluate your health condition and to minimize problems after surgery.
- NOTE: Any expenses not covered by an insurance carrier will be paid for by the patient.
- All fees due to the Surgeon, Hospital, or Anesthesia are due BEFORE a surgery date will be given. We may tell you when the next surgery dates are available or what could be your tentative date, however, absolutely no scheduling will be done until all fees have been paid. Any charges incurred that are not paid by insurance after surgery will be the responsibility of the patient.
- NO PAYMENT arrangements are available. All payments are due in full before surgery will be scheduled. Self-pay patients may pay by credit card (Visa or Mastercard), cashier check or money order. NO personal check or cash.
- Self-pay patients will be required to sign a cash pay consent, to assure you understand all terms and conditions.

Miscellaneous Charges

- Please note after surgery you may receive miscellaneous bills for any additional radiology, pathology, or cardiology testing that may have been involved in your surgery pre or post testing. You will need to contact the hospital for these charges.
- Some patients may require additional procedures during their bariatric surgery (i.e., gallbladder removal, hernia repair, etc.) which will cause this amount to increase. Any additional balance due will be billed to the patient after Medicare insurance payment is received.
- Any deductibles, CAPS or co-insurance requirements from your insurance will be billed to the patient after insurance payment has been received.
- If you have a secondary insurance plan, they must cover weight loss surgery in order to avoid paying this 20%. After surgery, our finance department will bill them for the remaining 20% after Medicare payment is received. If your secondary insurance company has benefit **exclusion** (they do not cover the surgery), you are required to pay the Medicare coinsurance amount listed above. Your secondary insurance will **not** be billed for the procedure due to the insurance policy benefit guidelines.

CHARGES WITH AN ASTERIK (*) ARE ESTIMATES DEPENDING UPON PROCEDURE		
* Surgeons Fee	*\$1,500-3,000 depending upon procedure performed	<u>Pay location:</u> Dayton Bariatric Center Make Payable to: Alliance Physicians Inc.
* Anesthesia	*2000.00 Based on length of procedure	<u>Pay location:</u> Grandview or Southview Anesthesia Department 937-226-7863
* Hospital Fee	\$15,000-22,000 based on length of stay in hospital- includes pre-testing fees. An exact amount will only be given by the hospital. The surgeon's office will not give this figure out.	<u>Pay location:</u> Grandview or Southview Financial Counseling 937-463-4055 Carol
* Other fees	If your insurance company has out of pocket fees or will only pay a partial amount of your surgery to the Surgeon or Hospital, those fees will still have to be paid before surgery.	
<p>Medicare Fees All Medicare patients must have surgery at a Certified Center of Excellence Hospital. There are no exceptions. <u>Traditional Medicare (A&B w/red/white blue card):</u> Currently, Medicare automatically covers the three weight loss procedures that we perform at 80% with no pre-determination or approval process. <u>The remaining 20% (coinsurance amount) is your responsibility and is due before a surgery date can be given.</u> The following amounts represent the 20% due for the actual weight loss surgeon's fee</p> <ul style="list-style-type: none"> • ___ <u>\$320.00</u> if you are having Open Roux-en-Y Gastric Bypass • ___ <u>\$350.00</u> if you are having Laparoscopic Roux-en-Y Gastric Bypass • ___ <u>\$220.00</u> if you are having Laparoscopic Adjustable Gastric Banding <p>Please call Grandview/Southview Hospitals 937-463-4055 for the current out-of-pocket (Medicare Deductible) portion for. It is the decision of the hospital only on how this fee will be collected. It may be before or after your surgery. It is the patient's responsibility to gather this information. <i>This fee is subject to change at the Hospitals discretion.</i> Questions regarding this fee and payment arrangement for Medicare hospital fees only may be referred to 937-463-4055. The surgeon's office is unable to quote the hospital fees to our patients.</p>		
<p>Other forms of Medicare: There are several other forms that are not traditional A or B policies. We will contact them if you fill out the insurance worksheet before obtaining approval to see what their requirements are for weight loss surgery.</p>		

Weight Loss Surgery Patients TO DO LIST

<i>What I have to do:</i>	<i>Required</i>	<i>Additional Information</i>	<i>Who sets this up?</i>
Attended Dayton Bariatric Center Slide Presentation	Yes	You must understand all risks and benefits to all procedures	You & Dayton Bariatric Center Office Staff – <i>Make sure you get your registration packet!</i>
Set up <u>H</u> istory and <u>P</u> hysical appointment (H&P)	Yes	You may <i>already</i> have an appointment-if not- <i>don't delay!</i> -call our office (937) 439-4145	You!-This is your one on one appointment with the Surgeon- <i>bring your questions!</i> Bring your insurance cards. YOUR PACKET MUST BE FILLED OUT COMPLETELY TO AVOID CANCELLATION!
Obtain your Medical Records! <i>Have your Primary Care Physician fill out clearance form in back of packet and turn this in at the same time.</i>	Yes	The faster you get your records to our office-the faster your information is submitted to your insurance company- <i>records release form is in your packet</i>	You! Call or set up an appointment with your physician you see on a regular basis. Try to get at least the last 3-5 years. (some insurance companies require 5 years)-it is better if they are mailed or brought into the office. Only fax if <u>under 25 pages</u>
Psychological Evaluation/Clearance	Yes	If you already see a Psychologist/Psychiatrist then you may get the report from them. If not, please refer to our packet and use one that is already familiar with our program and guidelines	You! There are Psychologists listed in the packet. <u>This must be a full evaluation</u> stating that you are stable to undergo major surgery and that you understand the risk and benefits
Nutritional Consultation (Medicare/Medicaid/Caresource /Molina-not required)	Yes	This is required before ANY information is sent to your insurance company.	Office staff. We will let you know at your history and physical appointment.
Information submitted to insurance company for approval. If you have a benefit <u>EXCLUSION</u> we are not able to submit for approval	Yes	Insurance approval may take 3-6 weeks with commercial insurance. Medicaid, Molina and Caresource take up to 4-6 months.	Office-Predetermination Specialist. If you have all of the above done at your H&P we will be able to submit much faster!
Set Up Surgery !!! (after approval)	Yes	We will set up the first available date depending on the Surgeon, Procedure, Hospital	Office-Surgery Scheduler. Your pre-testing will be set up at this time also, you will receive a call from the hospital
Set up Clearances- <i>Not everyone will need this.</i> In most cases you will be told in your H&P if you need any of these clearances	Only as required	<i>If</i> you are required to get Cardiac/Pulmonary/Internal Medicine/Vascular or any other clearances <i>we will let you know when you are scheduled</i>	Office! We will be happy to set these appointments up if you need them. These clearances are only requirement for patients with a history of heart, lung, blood disorders <u>or</u> abnormal pre-admission testing
<u>P</u> rietary <u>C</u> are <u>P</u> hysician Clearance form (PCP Clearance)	Yes	Hint! This can be filled out when you get your records to save you time! Surgery can not be scheduled without this form completed	Office or Patient: We can fax it to your PCP's office; in most cases, it is faster to give it to your PCP when you turn in your records release
Pre-testing and Bariatric Teaching Class (or online as available)	Yes	You must have pre-testing at our hospitals due to bariatric teachings and equipment	This is usually the majority of your day, if you miss this, you surgery will have to be rescheduled
Surgery!!!	Yes	Make sure you have gotten your instruction packet and purchased foods you will need for when you come home.	Our staff. You will be in a lovely room on a floor with other Bariatric Patients with Staff that is trained for Weight Loss Surgery Patients.

**Dayton Bariatric & General Surgery Center
CENTERVILLE OFFICE**

OFFICE HOURS 8-4, Monday-Friday

7740 Washington Village Drive, Suite 110, Dayton OH 45459 (937)439-4145 ph

Directions:

FROM 675

Take I-75 to I-675 to Exit 2, State Route 725.
Go east on State Route 725.
Make a left at 2nd road Washington Village

FROM 75 NORTH

Take 75 South to the Miamisburg-Centerville Road Exit
Turn left at the light on to St Rt. 725
(This is Miamisburg-Centerville Road East)
Continue East for approx 1 to 1-1/2 miles.
Go over the 675 overpass
Turn left at 2nd road, Washington Village Drive
(There is a Carver's and Chase Bank on the corners)
Follow road around bend
Turn right into driveway for Cornerstone Medical Center
Enter building 7740, our office is in suite 110

FROM 75 SOUTH

Take 75 North to the Miamisburg-Centerville Road Exit
Turn right at the light on to St Rt. 725
(This Miamisburg-Centerville Road East)
Continue East approximately 1 to 1-½ mile.
Go over the 675 overpass
Turn left at 2nd road, Washington Village Drive (There is a Carver's and
Chase Bank on the corners)
Follow road around bend
Turn right into driveway for Cornerstone Medical Center
Enter building 7740, our office is in suite 110

GRANDVIEW HOSPITAL

SLIDE PRESENTATION

405 Grand Avenue, Dayton OH 45405

**Directions:
Route 1**

Southbound State Route 4 to Southbound 1-75. Take Southbound 1-75 to the Third Street Exit (left exit ramp). At the bottom of the ramp, turn right and follow the signs to Salem Avenue/First Street. At the traffic signal (Salem Avenue), turn left and go across the Salem Avenue Bridge to Riverview Avenue. At Riverview, turn right and proceed for approximately 1 mile to Grandview Hospital.

Route 2

Take Southbound State Route 4 and exit at the Valley Street Exit. At the bottom of the ramp, turn left onto Valley Street. Valley Street dead ends into Keowee Street. Turn left on Keowee Street and proceed to Monument Avenue. Turn right onto Monument Avenue and follow it through downtown. Monument Avenue will end at the Great Miami River due to the bridge construction. Proceed to the left to Robert Drive. At Robert Drive and First Street/Salem Avenue, turn right and proceed across the Salem Avenue Bridge to Riverview Avenue. At Riverview, turn right and proceed approximately one mile to Grandview Hospital.

SOUTHVIEW HOSPITAL

SLIDE PRESENTATION

1997 Miamisburg-Centerville Road, Dayton OH 45459

Directions:

Take I-75 to I-675 to Exit 2, State Route 725. Make a left onto State Route 725. At the second light, make a right into the hospital entrance.
