



Bariatric Surgery Program

Dear Primary Care Physician,

One of your patients has been evaluated by our Bariatric Surgery Program and we need your assistance. We need more information from you before we can submit information to the insurance company for predetermination. It would be very helpful for your patient if we could enclose a letter from you with the following information:

1. A list of all the patient's medical diagnoses & medications, including dosages.
2. Any weight loss attempts you have supervised for this patient, including dates & specifics of weight loss programs (duration of program, amount of weight lost, prescribed weight loss medications). Please enclose copies of the office notes when you have seen the patient specifically for weight loss.
3. History of compliance with appointments and medications.
4. Five year weight history for this patient (most insurance companies now require patients to be morbidly obese for 5 years).
5. Why you believe this patient would be a good candidate for surgery.

You are more than welcome to fax this letter to our office at 216-844-8682. If you have any questions, you can contact our Bariatric Nurse Coordinators Peggy Schuster, RN, CBN and Kristen Graf, RN, CBN at 216-844-5961,option 2.

Sincerely,

Thomas A. Stellato, MD
Bariatric Surgery Program Director
University Hospitals Case Medical Center

TAS/mms