Nutritional Health & Bariatric Surgery Center

New Patient Information Booklet:

Weight Loss Procedures
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What Do You Do Next?

Thank you for attending the University Hospitals Bariatric Information Session. If you are interested in having a weight loss procedure, please follow these easy steps:

☐ Fill out the Yes, I Am Interested form.
   • See page 4 in this booklet.
   • Once we receive this form, we will call you to make an appointment with the surgeon.

☐ Verify that your insurance policy will cover weight loss procedures (see pages 7 – 9).
   • Refer to the Determining Eligibility for Weight Loss Procedures form (page 7).

☐ Obtain a referral to see the surgeon/specialist from your primary care doctor.
   • Some insurance companies do not require a referral; check with your insurance provider.

☐ Fill out the Primary Care Doctor Support Document and send this to your primary care doctor to obtain his/her sign-off (page 9).

☐ Begin your medically supervised weight loss program (if your insurance requires this).
   • See enclosed schedule (page 10).

☐ Collect any recent medical records from your doctors and bring them to your first program visit.

☐ Complete the online questionnaire. This must be completed before your first appointment with the doctor (see page 11).
   • You will receive a letter from our office instructing you how to begin.

☐ Identify a support person.
   • You are encouraged to bring a support person to your appointments.

☐ Schedule your psychological evaluation after your first doctor visit (see pages 12 – 14).
Yes, I Am Interested!

Please complete this form and return it to our office.
Fax: 216-201-4579; Email: BariatricSurgery@UHhospitals.org; or Mail: University Hospitals Bariatric Surgery Program, 3605 Warrensville Center Road, MSC-9187, Shaker Heights, Ohio 44122

Today's date: _________________________

Seminar location:  
- [ ] UH Geauga Medical Center  
- [ ] UH Geneva Medical Center  
- [ ] UH Parma Medical Center  
- [ ] UH Chagrin Highlands Health Center  
- [ ] UH Westlake Health Center

Name: _________________________________________________________________________________________________________________

Address: _______________________________________________________________________________________________________________

Street ........................................ City ........................................ State .................. ZIP ........................................

Telephone: ______________________________        ______________________________         ________________________________________

Home  Cell  Work

May we leave a message on your telephone?  
- [ ] Home: Yes  [ ] No  
- [ ] Cell: Yes  [ ] No  
- [ ] Work: Yes  [ ] No

Email address: ______________________________  Date of birth: ______________   Age: ________________

Sex:  [ ] Male  [ ] Female  

Height: ________________  Weight: ________________

Medical history:  
- [ ] Diabetes  
- [ ] High blood pressure  
- [ ] Sleep apnea  
- [ ] Arthritis  
- [ ] Hypothyroid  
- [ ] High cholesterol  
- [ ] Previous bariatric surgery  
- [ ] Other __________________________________________

Primary care physician name: ______________________________  Primary care physician phone:  ______________________________

Primary health insurance company: ______________________________  Primary health insurance policy number:  ______________________________

Primary health insurance phone number (provider services):  ______________________________

Secondary health insurance company: ______________________________  Secondary health insurance policy number:  ______________________________

Secondary health insurance phone number (provider services):  ______________________________

Doctor preference:  
- [ ] Abbass  
- [ ] Ali  
- [ ] Khaitan  
- [ ] Rogula  
- [ ] Ungvarsky  
- [ ] No preference

Hospital location preference:  
- [ ] UH Cleveland Medical Center  
- [ ] UH Geauga Medical Center  
- [ ] UH Parma Medical Center

Desired surgery:  
- [ ] Gastric bypass  
- [ ] Gastric sleeve  
- [ ] Intragastric balloon  
- [ ] Revision  
- [ ] Undecided

How did you hear about our program?  
- [ ] Physician  
- [ ] Friend/family  
- [ ] Website/online search  
- [ ] Email  
- [ ] Letter/mail  
- [ ] Television  
- [ ] Radio  
- [ ] Other______________________________
To qualify for weight loss surgery at University Hospitals: BMI > 35 AND weight-related illnesses OR BMI > 40

To qualify for intragastric balloon procedure at University Hospitals: BMI 30 – 40
## Comparison of Bariatric Procedures

<table>
<thead>
<tr>
<th></th>
<th>Gastric bypass</th>
<th>Sleeve gastrectomy</th>
<th>Adjustable gastric band (lap band)</th>
<th>Intragastric balloon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technique</strong></td>
<td>Laparoscopic or open</td>
<td>Laparoscopic</td>
<td>Laparoscopic</td>
<td>Endoscopic</td>
</tr>
<tr>
<td><strong>Length of procedure</strong></td>
<td>2 – 3 hours</td>
<td>1 – 2 hours</td>
<td>1 – 2 hours</td>
<td>30 minutes</td>
</tr>
<tr>
<td><strong>Time in hospital</strong></td>
<td>2 – 3 days</td>
<td>1 – 2 days</td>
<td>0 – 1 day</td>
<td>0 days</td>
</tr>
<tr>
<td><strong>Return to work</strong></td>
<td>3 – 4 weeks</td>
<td>3 – 4 weeks</td>
<td>1 week</td>
<td>2 – 3 days</td>
</tr>
<tr>
<td><strong>Weight loss</strong></td>
<td>50 – 75% of excess body weight at one year</td>
<td>50 – 70% of excess body weight at one year</td>
<td>40 – 50% of excess body weight at one year</td>
<td>24% of excess body weight at one year</td>
</tr>
<tr>
<td><strong>Risk of death</strong></td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Determining Eligibility for Weight Loss Procedures

What to Ask Your Insurance Company

Speaking to your insurance company can be a very confusing process. We have put together an easy-to-follow checklist to help make it easier for you to speak to your insurance company.

1. Call the number on the back of your insurance card.
   - Keep your card on hand during the phone call

2. Tell the representative the following information:
   - I am looking to have a bariatric procedure
   - My diagnosis code is: \textit{E66.01}
   - The CPT codes for the surgeries I am interested are:
     \begin{itemize}
     \item Laparoscopic gastric bypass: 43644
     \item Laparoscopic sleeve gastrectomy: 43775
     \item Intragastric balloon: 43999
     \item Laparoscopic adjustable gastric band (lap band): 437705
     \end{itemize}

3. Ask the representative the following questions:
   - Are these procedures covered by my insurance policy?
     \begin{itemize}
     \item Laparoscopic sleeve gastrectomy: \textit{Yes} \textit{No}
     \item Intragastric balloon: \textit{Yes} \textit{No}
     \item Laparoscopic gastric bypass: \textit{Yes} \textit{No}
     \item Lap band: \textit{Yes} \textit{No}
     \end{itemize}
   - Do I need a referral to see the surgeon/specialist: \textit{Yes} \textit{No}
   - What is the maximum out-of-pocket dollar amount I must pay per calendar year? ______________________________
   - Do I have a cap on the amount you will pay for the procedure? \textit{Yes} \textit{No}
     If yes, what is the maximum amount you will pay? __________________________
   - Am I required to complete a medically supervised weight management program before I have a weight loss procedure? \textit{Yes} \textit{No}
     \begin{itemize}
     \item If yes, how many sessions must I attend? ____________
     \item If yes, do these sessions need to be consecutive? \textit{Yes} \textit{No}
     \end{itemize}
   - What is the representative’s name that you spoke to? ______________________________
   - What is the confirmation number for today’s discussion? ______________________________
   - Today’s date is: ______________________________

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Financial Questions

If you have any questions regarding the out-of-pocket cost for your bariatric procedure, please contact one of our financial counselors.

**UH Cleveland Medical Center**  
216-844-1739

**UH Geauga Medical Center**  
440-285-6259

**UH Parma Medical Center**  
440-743-4366

*They will be happy to assist you with any financial questions.*

Notes: _______________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
Today's date: __________________ _________

(Patient name/DOB) is an active patient of mine and is currently being evaluated for a bariatric procedure at:

☐ University Hospitals Cleveland Medical Center
   11100 Euclid Avenue
   Cleveland, Ohio 44106
   216-844-5274
   BariatricSurgery@UHhospitals.org
   Fax 216-201-4579

☐ University Hospitals Geauga Medical Center
   13207 Ravenna Road
   Chardon, Ohio 44023
   216-844-5274
   BariatricSurgery@UHhospitals.org
   Fax 216-201-4579

☐ University Hospitals Parma Medical Center
   6707 Powers Boulevard
   Parma, Ohio 44129
   216-844-5274
   BariatricSurgery@UHhospitals.org
   Fax 216-201-4579

☐ University Hospitals Westlake Health Center
   960 Clague Road
   Westlake, Ohio 44145
   216-844-5274
   BariatricSurgery@UHhospitals.org
   Fax 216-201-4579

My patient has the following selected medical conditions (check all that apply):

☐ Diabetes Type I    ☐ Diabetes Type II    ☐ Hypertension    ☐ Hypercholesterolemia    ☐ Sleep apnea
☐ Arthritis         ☐ Joint pain – location(s): ______________________________
☐ Infertility        ☐ Incontinence
☐ Other weight-related conditions: ____________________________________________

My patient has tried traditional medical weight loss under my supervision and failed.

Medical weight loss programs attempted:

__________________________________________________________________________

__________________________________________________________________________

My patient is currently taking the following medications: __________________________

__________________________________________________________________________

It is my belief that this patient would be a good candidate for a weight loss procedure. ☐ Yes ☐ No

Additional comments: ______________________________________________________

__________________________________________________________________________

Sincerely,

Physician signature: ___________________________________________ Date: ____________

Practice name: ____________________________________________________________

Practice address: __________________________________________________________

City: ___________________ State: ________ ZIP: __________________________

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The Nutritional Health & Bariatric Surgery Center at University Hospitals is pleased to offer FREE** medically supervised weight loss programs. These groups assist patients in meeting the preoperative, medically supervised nutrition requirement that is mandated by insurance companies prior to weight loss surgery.

We offer SIX convenient locations to serve you.

**Patients requesting to have their Medically Supervised Weight Loss Group records released to a non-UH facility for any reason prior to their weight loss surgery will be required to pay a $500 program fee prior to record release.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Date</th>
<th>Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UH Cleveland Medical Center</strong></td>
<td>11100 Euclid Ave, Cleveland, Ohio 44106</td>
<td>3rd Tuesday of each month</td>
<td>4 – 5 p.m.</td>
<td>Bolwell A</td>
</tr>
</tbody>
</table>

| January 16 | February 20 |
| March 20   | April 17    |
| May 15     | June 19     |
| July 17    | August 21   |
| September 18 | October 16  |
| November 20 | December 18 |

| **UH Parma Medical Center**      | 7007 Powers Boulevard, Parma, Ohio 44129 | 1st and 3rd Thursday of each month | 5:30 – 6:30 pm | Nelson Auditorium |

| January 4 | January 18 |
| February 1 | February 15 |
| March 1 | March 15 |
| April 5 | April 19 |
| May 3   | May 17  |
| June 7   | June 21  |
| July 5   | July 19  |
| August 2 | August 16 |
| September 6 | September 20 |
| October 4 | October 18 |
| November 1 | November 15 |
| December 6 | December 20 |

| **UH Geauga Medical Center**     | 13207 Ravenna Road, Chardon, Ohio 44024 | 2nd Tuesday of each month | 5:30 – 6:30 p.m. | Conference Center |

| January 9 | February 13 |
| March 13 | April 10 |
| May 8 | June 12 |
| July 10 | August 14 |
| September 11 | October 9 |
| November 13 | December 11 |

| **UH Westlake Health Center**    | 960 Clague Road, Westlake, Ohio 44145 | 2nd Thursday of each month | 5:30 – 6:30 p.m. | Conference Room |

| January 11 | February 8 |
| March 8 | April 12 |
| May 10 | June 14 |
| July 12 | August 9 |
| September 13 | October 11 |
| November 8 | December 13 |

| **UH Geneva Medical Center**     | 870 West Main Street, Geneva, Ohio 44041 | 4th Thursday of each month | 5:30 – 6:30 p.m. | Private Dining Room |

| January 25 | February 22 |
| March 22 | April 26 |
| May 24 | June 28 |
| July 26 | August 23 |
| September 27 | October 25 |
| November 29* | December 27 |

*Indicates a date change

For more information, contact us: 216-844-5274

To read patient stories and learn more about our program, visit UHhospitals.org/WeightLoss.
Online Questionnaire

1. After you make your first appointment with the doctor, you will be sent a letter and an email asking you to fill out a mandatory online questionnaire.

2. You will be sent a link that will take you to the online questionnaire.

3. After you click on the link to get into the questionnaire, click on **New Patient Registration**.

4. Fill in the remaining screens by pressing **Next**. *(Note: Pressing **Save** before the form is complete will require you to log in again.)*

5. The online questionnaire tells the doctor about your health history and **must be completed before** your appointment with the doctor.

Frequently asked questions:

• **Why do I have to complete this questionnaire?**
  – Filling out this form will save time at your doctor visit and allow you and your doctor to have a more focused and productive visit.

• **What do I do if I don’t have a computer?**
  – Use the computer at your local public library.
  – Borrow a computer from a family member or a friend.

• **How long will it take me to complete the online questionnaire?**
  – The questionnaire should take you approximately 30 – 40 minutes to complete.
  – If you have difficulty answering any questions on the online questionnaire, your doctor will be happy to discuss them with you during your clinic visit.

• **I don’t know how to use a computer; what do I do?**
  – Please contact us for assistance. We can help you complete the questionnaire if you are unable to do so.
You may schedule your psychologist visit after your first appointment with the doctor.

– If you have your own psychologist, please feel free to see him or her for your assessment.
– If you would like to see one of our program psychologists, please directly contact one of the providers listed on the “Psychology Resources” sheets. Your health insurance may also recommend a provider.
– Most insurance companies require that you see an MD or PhD for your evaluation; however, some will accept a social worker. Confirm with your insurance specialist before using a social worker.
– Your psychologist must provide us specific information in your evaluation.
– Please give this form to your psychologist before you begin your visit.

Behavioral evaluation must include:
1. Evaluation of psychological history. Specify if past/present issues have been identified and addressed.
2. Current behavioral health treatment including psychiatric medication.
4. Evaluation of any eating disorder (past or present).
5. Does the patient have any psychiatric diagnoses that would contraindicate a bariatric procedure or lead to a poor prognosis?
6. Is this patient intellectually able to understand the risks and realistic goals of the bariatric procedure?
7. Is this patient sufficiently able to understand and adhere to a plan of lifelong behavioral management and dietary management postoperatively?
8. Is the patient committed to long-term follow-up with the physician and dietitian?
9. Statement as to whether or not the patient is an acceptable candidate for a bariatric procedure.

Additional information that is recommended but not required:
1. History of healthy dieting/weight loss maintenance.
2. Life stressors, past and/or present.
4. History of alcohol or drug abuse.
5. Is the patient currently a risk to self or others?
8. Family history of mental illness.
10. Objective eating assessment tools.
11. Any intellectual, personality, lack of support/family distraction, insufficient motivation, addiction proneness, unwillingness to comply with recommendations that would cause a barrier to successful adjustment?
Psychology Resources

University Hospitals
Jeffery Janata, PhD
11100 Euclid Avenue
Cleveland, Ohio 44106
216-844-1266

Sheryl Kingsberg, PsyD
11100 Euclid Avenue
Cleveland, Ohio 44106
216-844-5078
Fax: 216-201-4928

Cleveland – Eastside
Barbara Doremus, PhD
8224 Mentor Avenue, Suite 208
Mentor, Ohio 44060
440-392-2222
Fax: 440-565-2349

Debra El-Amin, PsyD
2460 Fairmount Boulevard, Suite 320
Cleveland Heights, Ohio 44106
216-337-7649

John A. Glovan, PsyD
8224 Mentor Avenue, Suite 208
Mentor, Ohio 44060
440-392-2222
Fax: 440-565-2349

Deborah Koricke, PhD
21403 Chagrin Boulevard, Suite 104
Beachwood, Ohio 44122
440-333-4949
Fax: 440-333-5044

Dennis Pinciotti, PhD
33595 Bainbridge Road, Suite 103
Solon, Ohio 44139
216-229-0304
Fax: 330-666-5881

Elaine S. Revis, PhD
23811 Chagrin Boulevard, Suite 310
Beachwood, Ohio 44122
216-464-1277
Fax: 216-464-9109

Deborah L. Ross, PhD
1450 SOM Center Road, Suite 22
Mayfield Heights, Ohio 44124
440-460-1500

George Stockler, PhD
20525 Center Ridge Road, Suite 134
Rocky River, Ohio 44116
440-333-4949
Fax: 440-333-5044

Cleveland – Westside
John Bertschler, PhD
8040 Corporate Circle, Suite 4
North Royalton, Ohio 44133
216-236-6200
Fax: 216-236-6202

Cate Brandon, PhD
20525 Center Ridge Road, Suite 134
Rocky River, Ohio 44116
2001 Crocker Road, Suite 600
Westlake, Ohio 44145
440-327-1800
Fax: 440-327-1533

Michael Faust, PhD
1730 West 25th Street, Suite 444-A
Cleveland, Ohio 44113
216-363-2363
Fax: 216-696-7488

Liesl Glover, PhD
20525 Center Ridge Road, Suite 134
Rocky River, Ohio 44116
2001 Crocker Road, Suite 600
Westlake, Ohio 44145
440-327-1800
Fax: 440-327-1533

Hillary Hassinger, PhD
1730 West 25th Street, Suite 1100
Cleveland, Ohio 44113
216-363-2363
Fax: 216-696-7488

Deborah Koricke, PhD
20800 Westgate Professional Center, Suite 200
Fairview Park, Ohio 44126
440-333-4949
Fax: 440-333-5044

Anita Maximin, PsyD
20525 Center Ridge Road, Suite 610
Rocky River, Ohio 44116
440-331-5770
Fax: 440-234-5994
14843 West Sprague Road, Suite A
Strongsville, Ohio 44136
440-234-9955

George Stockler, PhD
8221 Brecksville Road, Suite 101
Brecksville, Ohio 44141
216-342-4140
Fax: 440-792-4645
Psychology Resources (continued)

**Eastern Ohio**
Patricia Firem, PhD
401 South Street, Suite 2B
Chardon, Ohio 44024
440-285-8746

Stacey Foerstner, PhD
34950 Chardon Road, Suite 202
Willoughby, Ohio 44094
440-510-5100
Fax: 440-510-5151

Derek Mihalcin, PhD
1704 North Road, SE
Warren, Ohio 44484
330-856-4111
Fax: 330-856-5839

Albert M. Pondillo, PhD
1704 North Road, SE
Warren, Ohio 44484
330-856-4111
Fax: 330-856-5839

**Western Ohio**
Darlene J. Barnes, PhD, APRN, BC
503 Garrison Street
Fremont, Ohio 43420
419-334-2200
Fax: 419-334-8788

Cate Brandon, PhD
35888 Center Ridge Road, Suite 5
North Ridgeville, Ohio 44039
440-327-1800
Fax: 440-327-1533

Kenneth A. De Luca, PhD
35888 Center Ridge Road, Suite 5
North Ridgeville, Ohio 44039
440-327-1800
Fax: 440-327-1533

Liesl Glover, PhD
35888 Center Ridge Road, Suite 5
North Ridgeville, Ohio 44039
440-327-1800
Fax: 440-327-1533

John Zbornik, PhD
5329 North Abbe Road, Suite 1
Elyria, Ohio 44035
35888 Center Ridge Road, Suite 5
North Ridgeville, Ohio 44039
440-327-1800
Fax: 440-327-1533

**Southern Ohio**
David Gannon, PhD, LPCC
4572 Dressler Road, NW
Canton, Ohio 44718
330-493-4220
Fax: 330-493-8850

**Central Ohio**
Dennis A. Marikis, PhD
788 Lexington Avenue
Mansfield, Ohio 44907
419-756-2828
Fax: 419-756-9913

102 East Gambier Street
Mount Vernon, Ohio 43050
740-392-5416
Informative Websites

Below you will find several websites that you might find useful to you as you search for more information on weight loss surgery. These sites are for informational purposes only; any medical questions should be directed to your physician.

Bariatric surgery web resources

[UHhospitals.org/WeightLoss](http://UHhospitals.org/WeightLoss)  University Hospitals website for weight loss surgery

[www.bariatriceating.com](http://www.bariatriceating.com)  Resource for bariatric recipes, food items and patient support

[www.bariatricfoodie.com](http://www.bariatricfoodie.com)  Recipes and resources for bariatric patients

[www.ObesityHelp.com](http://www.ObesityHelp.com)  Interactive website for patients in all stages of the weight loss surgery process

[www.obesitylaw.com](http://www.obesitylaw.com)  Excellent resources for obesity law and health care matters

[www.ASMBS.org](http://www.ASMBS.org)  American Society for Metabolic & Bariatric Surgery
