



Patient Checklist

Patient Name: _____ DOB: _____

Primary Care Physician: _____

Surgeon: _____

Primary Insurance: _____

You are responsible for getting your records to our office.

Records Needed for Insurance Approval:

Sent	Received	Item
		Patient Questionnaire (fax or bring to center asap)
		Letter of support, labs, history and physical, clearance for bariatric surgery
		One office note per year with weights for last five years
		10% or 6 month weight loss program, with PCP or Dietitian
		Psychological Evaluation
		Nutritional Evaluation
		Support Group
		Surgeon's Office Visit
		Pre-Op Teaching Class (Tuesday 2p – 4p after submission / approval)

Use this checklist as a guide through the Bariatric process. Please fax the above information to the attention of Shavon at 615.890.2820. Although each insurance company is different, your insurance company will require some and/or all of the information listed above for review of surgery approval.

The average approval timeframe is within 3 weeks. After this time we will contact your insurance company. You may refer to the customer service number on the back of your insurance card to check status of your submission. However, please allow three weeks before calling.

If you have insurance questions, please contact Shavon at 615.396.4965 or by email at shavon.bridgeforth@mtmc.org. For medical questions, please contact Anne Marie at 615.396.4904 or by email at anne.couch@mtmc.org.