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| **Date Completed** | ***Pathway to Bariatric Surgery*** | |
|  | 1. **Visit our website:**    * [**www.grhealth.org/weightloss**](http://www.grhealth.org/weightloss) to learn more about our program. | |
|  | 1. **Complete application packet**:    * Complete the Health Questionnaire and psychological tests    * Complete the Insurance verification form (to help you understand your benefits for weight loss surgery)    * Return the Packet to the Bariatric Coordinator by mailing, faxing, or emailing the packet. | |
|  | 1. **Bariatric Coordinator receives the packet:**    * The packet is reviewed    * Bariatric Coordinator will contact you to schedule your first appointment with the multidisciplinary team on a Monday @0815. | |
|  | 1. **Obtain letter of medical necessity from primary care physician or a provider that you see on a regular basis.**    * In your packet you will find a template of this letter.   Have the physician fax the letter to 706-721-7524 or bring it with you to your first appointment. | |
|  | 1. **Multidisciplinary visit:**    * Height, Weight, and blood pressure will be assessed    * Psychologist    * Dietitian    * Bariatrician    * Labs will be Drawn at the end of the appointment    * Schedule pre-operative test(s)   (The Multidisciplinary visit may take up to 3 hours to complete.) | |
|  | 1. **Medical Weight Loss Follow-up /Physician Supervised diet visits:**    * Complete \_\_\_\_Medically supervised diet and exercise visit(s).      + This can be done with our facility or with your primary care physician      + Follow-up on any lab work or tests that were completed   (The number of medically supervised diet visits is determined by your insurance company) | |
|  | 1. **Complete Pre-operative testing:**    * Sleep Study    * Pulmonary Function Test    * Chest X-ray    * Upper GI    * Coronary Calcium Scoring   (You may have already completed some of these tests. Please obtain copies or let us know so we can request copies if completed through another facility.) | * EGD * Echocardiogram * EKG * Cardiology Clearance (If needed) * Gallbladder/ liver Ultrasound |
|  | 1. **Documents will be submitted to the insurance company to obtain approval after completion of pre-operative testing and physician supervised diets.** The approval process can take up to 4 weeks | |
|  | 1. **Schedule Appointment with your surgeon:**    * Talk about the different surgeries and decide on the best procedure for you.    * Sign consents for surgery    * Pre-operative Teaching by the dietitian | |
|  | 1. **Schedule Surgery**     * Once approved by insurance    * If self-pay, then surgery will be scheduled and the full payment will be collected 14 days prior to surgery. | |
|  | 1. **Pre-op evaluation**    * Evaluation by anesthesiologist    * Co-pays, deductibles, or cash payments for surgery will be collected in full on this day. | |
|  | 1. **Start the Pre-operative Diet:**    * **2 weeks prior to surgery OR**    * **4 weeks prior to surgery** | |
|  | 1. **Surgery Day**    * Arrive at Day Surgery on the 8th floor by 6am or as instructed    * Do not eat or drink anything after midnight. | |