

Greetings,

Thank you for your interest in having weight loss surgery at Sanford Health in Bismarck.

We perform gastric bypass, sleeve gastrectomy and lap banding. All three vary in how they are performed, their recovery time and which procedure is suited for each individual.

Before making any decisions or attending our information session, we recommend you find out what your insurance company will and will not cover regarding weight loss surgery. The process to be considered for weight loss surgery is lengthy and can be complicated.

Below are some steps and examples of guidelines your insurance company may require before approving your surgery.

- Start with asking if your policy has benefits for weight loss surgery. Use the insurance worksheet provided in this packet as a guide to use when speaking with your insurance company.
- Most insurance companies require a body mass index (BMI), a calculated number based on your height and weight, of 40 or greater. In some instances, they may allow surgery if you have a BMI greater than 35 and have related medical conditions. A BMI chart is included for your reference.
- You may need to show your previous weight loss efforts. This usually means your primary care physician has documented that you have received weight loss counseling. You will need to provide the last three to five years of your medical records.
- Before your information is submitted to an insurance company for preauthorization, you will be required to a have psychological evaluation. This will assess whether or not you can comply with the necessary steps involved with this surgery and the lifelong changes you will need to make. This does not need to be completed before you attend an informational session.

After speaking with your insurance company, you can:

- Attend an information session, where you will review the basic concepts of obesity, learn details about the above requirements and receive an overview of our weight loss surgery program.
- Bring the completed packet documents to the information session. If you do not bring completed documents, please complete them as soon as possible and send to the weight loss surgery department office. A nurse will review your medical information and call you to discuss. You cannot make an appointment with a surgeon without first attending an information session and handing in your packet. It is also recommended that your primary care physician send us a referral letter.
- Schedule an appointment at Sanford Clinic in Bismarck. A clinical examination will be performed, additional tests may be ordered and your photo will be taken. Your information will then be submitted to your insurance company to complete the preauthorization process.

Our Mission: Dedicated to the work of health and healing If and when your insurance company approves you for surgery and our office receives the approval letter, a nurse will call you to set up a surgery date. The entire process usually takes several months to complete. This may require three to four visits to the clinic and/or hospital.

We understand this is a long and involved process, but encourage you not to become frustrated. These are necessary steps to ensure the safety and long-term success of your procedure. Just remember, you will have the rest of your life to enjoy the benefits.

We hope to see you at our upcoming information session. If you have any questions, please call (701) 323-5530.

To learn more about the weight loss procedures offered at Sanford Health, visit bismarck.sanfordhealth.org/weightlosssurgery.

Sincerely,

Judy Lessler, LN

Judy Ressler, RN, Bariatric Coordinator Sanford Health Weight Loss Surgery

SANF SRD

Insurance worksheet

	ntact your insurance company The name of the insurance representative you spoke with:
	Date:
AS	
	Is bariatric surgery for morbid obesity covered under your policy? \Box Yes \Box No
	What steps do you need to take in order to qualify for surgery?
	How many months of formal physician supervised weight loss attempts (Dietitian) do they require?
	 Do the dietitian notes need to be signed by the physician?
	 Do the months need to be cumulative or consecutive?
	 Do you need a referral from your Primary Care Provider (PCP) to see the surgeon?
	 Does your policy cover dietitian visits related to weight loss?
	Some plans have a yearly cap for inpatient and/or outpatient services. Once that amount is reached the patient is responsible for all charges over the stated amount.
	 Does your policy have an annual or lifetime cap on coverage for surgery?
\triangleright	It is <u>very important</u> that you understand your insurance policy and their requirements for surgery. It will be up to you to make sure those requirements are met. We are here to help you, please feel free to call if you need to.
\triangleright	Don't be afraid to continue to ask questions if you are told to look on-line or refer to your benefits book. They are there to help you understand your policy.

Medicare and those with 2 or more insurance policies

If you carry more than one policy, especially Medicare, you will need to call that second company and find out if your policy processes claims as a supplement or a true secondary insurance. It is also important to figure out which insurance is your primary insurance.

What's the difference between supplemental and secondary coverage?

- Supplemental coverage bases it's payments on what Medicare pays. If Medicare does not pay for the surgery, your supplemental policy will most likely deny it as well.
- Secondary coverage usually processes claims independent of what the primary insurance does. It is important to call your secondary and understand their policy and the way it pays.



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Under Healthy Weight (BMI <19) Healthy Weight (BMI 19-24) Overweight (BMI 25-29)

Obese (BMI 30-39) Morbidly Obese (BMI 40+)

7' 0"	6' 11"	6' 10"	6'9"	6' 8"	6' 7"	6' 6"	6' 5"	6' 4"	6' 3"	6' 2"	6' 1"	6' 0"	5'11"	5'10"	5'9"	5' 8"	5' 7"	5' 6"	5' 5"	5' 4"	5' 3"	5' 2"	5' 1"	5' 0"	4'11"	4'10"	4' 9"	4' 8"	Height	(lbs.)
84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	09	59	58	57	56	Inches	; ت
16.6	17.0	17.5	17.9	18.3	18.8	19.3	19.8	20.3	20.9	21.4	22.0	22.6	23.3	24.0	24.7	25.4	26.2	27.0	27.8	28.7	29.6	30.5	31.6	32.6	33.7	34.9	36.1	37.4		Š
17.1	17.6	18.0	18.4	18.9	19.4	19.9	20.4	20.9	21.5	22.1	22.7	23.3	24.0	24.7	25.4		26.9	27.8	28.6	29.5	30.5	31.5	32.5	33.6	34.7	35.9	37.2	38.6		
17.6	18.1	18.5	19.0	19.4	19.9	20.5	21.0	21.5	22.1	22.7	23.3	24.0	24.7	25.4	26.1	26.9	27.7	28.6	29.5	30.4	31.4	32.4	33.4	34.6	35.7	37.0	38.3	39.7		
18.0	18.5	18.9	19.4	19.9	20.4	20.9	21.5	22.0	22.6	23.2	23.9	24.5	25.2	26.0	26.7	27.5	28.3	29.2	30.1			33.1	34.2	35.3	36.6	37.8	39.2	40.6		
18.5	19.0	19.4	19.9	20.4	21.0	21.5	22.1	22.6	23.2	23.9	24.5	25.2	25.9	26.7	27.5	28.3	29.1		30.9	31.9	32.9	1	35.1	36.3	37.6	37.8	39.2	41.7		
19.0	19.5	20.0	20.5	21.0	21.5	22.1	22.6	23.2	23.9	24.5	25.2	25.9	26.6	27.4			29.9		31.8		33.8		36.1	37.3	38.6	39.9	41.3	42.8		
19.5	20.0	20.5	21.0	21.5	22.1	22.6	23.2	23.9	24.5	25.2	25.9	26.6	27.3	28.1	28.9		30.7		32.6	33.6	34.7	35.8	37.0	38.3	39.6	41.0	42.4	43.9		
20.0	20.5	21.0	21.5	_	22.6	23.2	23.8	24.5	25.1		26.5	27.3	28.0	28.8	29.7	30.6	31.5		32.9	34.5			38.0	39.3	40.6	42.0	43.5	45.1		
20.4	20.9	21.4	22.0	22.5	23.1	23.7	24.3	25.0	25.6	26.3	27.0	27.8	28.6	29.4	30.3				34.1	35.2	36.3	37.5	38.7	40.0	41.4	42.8	44.4	46.0		
20.9	21.4	22.0	22.5	23.1	23.7	24.3	24.9	25.6	26.2	27.0		28.5	29.3	30.1	31.0	31.9	32.9		34.9		37.2	38.4	39.7	41.0	42.4	43.9	45.4	47.1		
21.4	21.9	22.5	23.0	23.6	24.2	24.8	25.5		26.9			29.2	30.0	30.8		_	33.7		35.8	36.9	38.1	39.3	40.6	42.0	43.4	44.9	46.5	48.2		
21.9	22.5	23.0	23.6	24.2	24.8	25.4	26.1		27.5		29.0		30.7	31.6	32.5	_	34.5	35.5	36.6	37.8	39.0	40.2		43.0		46.0	47.6	49.3		
22.3	22.9	23.4	24.0		25.2			27.3	28.0		29.6	30.4	31.2		33.1	_		36.2	37.3	38.4	39.7	_	42.3	43.7	45.2	46.8	48.5	50.2		
22.8	23.4	23.9	24.5	25.2	25.8	26.5				29.4		31.1	31.9	32.9		_	35.9	37.0	38.1	39.3	40.6	41.9	43.3	44.7	46.2	47.9	49.5	51.3		
23.3	23.9	24.5	25.1	25.7	26.4	27.0	27.7	28.5	29.2	30.0	30.9	31.7	32.6	33.6	34.6	35.6	36.6	37.8	38.9	40.2	41.4	42.8	44.2	45.7	47.3	48.9	50.6	52.5		
23.8	24.4	25.0	25.6	26.3	26.9	27.6	28.3	29.1	29.9	30.7	31.5	32.4	33.3	34.3	35.3	36.3	37.4	38.6	39.8	41.0	42.3	43.7	45.2	46.7	48.3	49.9	51.7	53.6		
24.3	24.9	25.5	26.1	26.8	27.5		28.9	29.7	30.5	31.3			34.0	35.0	36.0	37.1	38.2	39.4	40.6	41.9	43.2	44.6	46.1	47.6	49.3	51.0	52.8	54.7		
24.7	25.3	25.9	26.6	27.2	-	-	-		31.0		-	_	34.6	-	36.6	37.7	38.8	40.0	41.3	42.6	43.9	-	46.9	48.4	50.1	51.8	53.7	55.6		
25.2	25.8	26.5	27.1	27.8	28.5	-	30.0	30.8	31.6		33.4	_	35.3	36.3	-	38.5	39.6	40.8	_	43.4	44.8	46.3	47.8	49.4	51.1	52.9	54.7	56.7		
25.7	26.3	27.0	27.6	28.3	29.1	29.8	30.6	31.4	32.2	33.1	34.0	35.0	36.0	37.0	38.1	39.2	40.4	41.6	42.9	44.3	45.7	47.2	48.7	50.4	52.1	53.9	55.8	57.8		
26.2	26.8	27.5	28.2	28.9	29.6	30.4	31.2	32.0	32.9	33.8	34.7	35.7	36.7	37.7	38.8	40.0	41.2	42.4	43.8	45.1	46.6		49.7	51.4	53.1	55.0	56.9	59.0		
26.7	27.3	28.0	28.7	29.4	30.2	31.0	31.8	32.6	33.5	34.4	35.4	36.3	37.4	38.4	39.6	40.7	42.0	43.3	44.6	46.0	47.5	49.0	50.6	52.3	54.1	56.0	58.0	60.1		
27.2	27.9	28.5	29.3	30.0	30.8	31.5	32.4	33.2	34.1	35.0	36.0	37.0	38.1	39.2	40.3	41.5	42.8	44.1	45.4	46.9	48.4	49.9	51.6	53.3	55.1	57.1	59.1	61.2		
27.7	28.4	29.1	<u>29.8</u>	30.5	31.3	32.1	<u>33.0</u>	33.8	34.7	35.7	36.7	37.7	38.8	39.9	41.0	42.3	43.5	44.9	46.3	47.7	49.2	50.8	52.5	54.3	56.1	58.1	60.2	62.3		
28.2	28.9	29.6	30.3	31.1	31.9	32.7	33.6	34.4	35.4	36.3	37.3	38.4	39.5	40.6	41.8	43.0	44.3	45.7	47.1	48.6	50.1	51.8	53.5	55.3	57.2	59.1	61.2	63.4		
28 7	29.4	30.1	30.9	31.6	32.4	33.3	34.1	35.1	36.0	37.0	38.0	39.1	40.2	41.3	42.5	43.8	45.1	46.5	47.9	49.4	51.0	52.7	54.4	56.2	58.2	60.2	62.3	64.6		
29.2	29.9	30.6	31.4	32.2	33.0	33.9	34.7	35.7	36.6	37.6	38.7	39.7	40.9	42.0	43.3	44.5	45.9	47.3	48.8	50.3	51.9	53.6	55.4	57.2	59.2	61.2	63.4	65.7		
29.7	30.4	31.2	31.9	32.7	33.6	34.4	35.3	36.3	37.2	38.3	<u>39.</u> 3	40.4	41.6	42.8	44.0	45.3	46.7	48.1	49.6	51.1	52.8	54.5	56.3	58.2	60.2	62.3	64.5	66.8		
30.2	30.9	31.7	32.5	33.3	34.1	35.0	35.9	36.9	37.9	38.9	40.0	41.1	42.3	43.5	44.7	46.1	47.5	48.9	50.4	52.0	53.7	55.4	57.2	59.2	61.2	63.3	65.6	67.9		
30.7	31.4	32.2	<u>33.</u> 0	33.8	34.7	35.6	36.5	37.5	38.5	39.5	40.6	41.8	43.0	44.2	45.5	46.8	48.2	49.7	51.2	52.9	54.6	56.3	58.2	60 <u>.</u> 1	62.2	64.4	66.6	69.0		
31.2	31.9	32.7	<u>33.5</u>	34.4	35.3	36.2	37.1	38.1	39.1	40.2	41.3	42.4	43.6	44.9	46.2	47.6	49.0	50.5	52.1	_	55.4	57.2	59.1	61.1	63.2	65.4	67.7	70.2		
31.7	32.5	33.2	34.1	34.9	35.8	36.7		38.7	39.7	40.8	42.0	43.1	44.3	45.6	_	48.3	49.8	51.3	52.9	54.6	56.3	58.2	60.1	62 <u>.</u> 1	64.2	66.5	68.8	71.3		
32.2	33.0	33.8	34.6	35.5	36.4	37.3	38 <u>.</u> 3	39.3	40.4	41.5	42.6	43.8	45.0	46.3	47.7	49.1	50.6	52.1	53.7	55.4	57.2	59.1	61.0	63 <u>.</u> 1	65.2	67.5	69.9	72.4		
32.7	33.5	34.3	35.1	36.0	36.9	37.9	38.9	39.9	41.0	42.1	43.3	44.5	45.7	47.1	48.4	49.9	51.4	52.9	54.6	56.3	58.1	60.0	62.0	64.1	66.2	68.5	71.0	73.5		
33.2	34.0	34.8	35.7	36.6	37.5	38.5	39.5	40.5	41.6	42.8	43.9	45.2	46.4	47.8	49.2	50.6	52.1	53.7	55.4	57.2	59.0		62.9	65.0	67.3	69.6	72.1	74.6		
33.7	34.5	35.3	36.2	37.1	38.1	39.1	40.1	41.1	42.2	43.4	44.6	45.8	47.1	48.5	49.9	51.4	52.9	54.5	56.2	58.0	59.9	61.8	63.9	66.0	68.3	70.6	73.1	75.8		
34.2	35.0	35.9	36.8	37.7	38.6	39.6	40.7	41.7	42.9	44.0	45.2	46.5	47.8	49.2	50.6	52.1	53.7	55.4	57.1	58.9	60.8	62.7	64.8	67.0	69.3	71.7	74.2	76.9		
34.7	35.5	36.4	37.3	38.2	39.2	40.2	41.3	42.4	43.5	44.7	45.9	47.2	48.5	49.9	51.4	52.9	54.5	56.2	57.9	59.7	61.6	63.6	65.7	68.0	70.3	72.7	75.3	78.0		

Body Mass Index (BMI)

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HEALTH



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Under Healthy Weight (BMI <19) Healthy Weight (BMI 19-24) Overweight (BMI 25-29) Obese (BMI 30-39) Morbidly Obese (BMI 40+)

0"	6' 11"	6' 10"	.6'9"	6'8"	6' 7"	6' 6"	6' 5"	6' 4"	6' 3"	6' 2"	6' 1"	6' 0"	5'11"	5'10"	5'9"	5'8"	5' 7"	5' 6"	5' 5"	5'4"	5'3"	5' 2"	5' 1"	5'0"	4'11"	4'10"	4' 9"	4' 8"	Height	Weight (Ibs.)
84	83	82	81	80	79	78	77	76	75	74	73	72	71	70	69	68	67	66	65	64	63	62	61	60	59	58	57	56	D.	ght s.)
35.2	36.0	36.9	37.8	38.8	39.8	40.8	41.9	43.0	44.1	45.3	46.6	47.9	49.2	50.6	52.1	53.7	55.3	57.0	58.7	60.6	62.5	64.6	66.7	68.9	71.3	73.8	76.4	79.1		353
35.7	36.5	37.4	38.4	39.3	40.3	41.4	42.4	43.6	44.7	46.0	47.2	48.5	49.9	51.4	52.9	54.4	56.1	57.8	59.6	61.4	63.4	65.5	67.6	69.9	72.3	74.8	77.5	80.3		358
36.2	37.0	38.0	38.9	39.9	40.9	41.9	43.0	44.2	45.4	46.6	47.9	49.2	50.6	52.1	53.6	55.2	56.8	58.6	60.4	62.3	64.3	66.4	68.6	70.9	73.3	75.9	78.5	81.4		363
36.7	37.6	38.5	39.4	40.4	41.5	42.5	43.6	44.8	46.0	47.2	48.5	49.9	51.3	<u>52.</u> 8	54.3	55.9	57.6	59.4	61.2	63.2	65.2	67.3	69.5	71.9	74.3	76.9	79.6	82.5		368
37.2	38.1	39.0	40.0	41.0	42 <u>.</u> 0	43.1	44.2	45.4	46.6	47.9	49.2	50.6	52.0	53.5	55.1	56.7	58.4	60.2	62.1	64.0	66.1	68.2	70.5	72.8	75.3	77.9	80.7	83.6		373
37.7	38.6	39.5	40.5	41.5	42.6	43.7	44.8	46.0	47.2	48.5	49.9	51.3	52.7	54.2	55.8	57.5	59.2	61.0	62.9	64.9	67.0	69.1	71.4	73.8	76.3	79.0	81.8	84.7		378
38.2	39.1	40.0	41.0	42.1	43.1	44.3	45.4	46.6	47.9	49.2	50.5	51.9	53.4	54.9	56.6	58.2	60.0	61.8	63.7	65.7	67.8	70.0	72.4	74.8	77.3	80.0	82.9	85.9		383
38.7	39.6	40.6	41.6	42.6	43.7	44.8	46.0	47.2	48.5	49.8	51.2	52.6	54.1	55.7	57.3	59.0	60.8	62.6	64.6	66.6	68.7	71.0	73.3	75.8	78.4	81.1	84.0	87.0		388
39.2	40.1	41.1	42.1	43.2	44.3	45.4	46.6	47.8	49.1	50.5	51.8	53.3	54.8	56.4	58.0	59.7	61.5	63.4	65.4	67.5	69.6	71.9	74.2	76.7	79.4	82.1	85.0	88.1		393
39.7	40.6	41.6	42.6	43.7	44.8	46.0	47.2	48.4	49.7	51.1	52.5	54.0	55.5	57.1	58.8	60.5	62.3	64.2	66.2	68.3	70.5	72.8	75.2	77.7	80.4	83.2	86.1	89.2		398
40.2	41.1	42.1	43.2	44.3	45.4	46.6	47.8	49.0	50.4	51.7	53.2	54.7	56.2	57.8	59.5	61.3	63.1	65.0	67.1	69.2	71.4	73.7	76.1	78.7	81.4	84.2	87.2	90.3		403
40.6	41.6	42.7	43.7	44.8	46.0	47.1	48.4	49.7	51.0	52.4	53.8	55.3	56.9	58.5	60.2	62.0	63.9	65.8	67.9	70.0	72.3	74.6	77.1	79.7	82.4	85.3	88.3	91.5		408
41.1	42.1	43.2	44.3	45.4	46.5	47.7	49.0	50.3	51.6	53.0	54.5	56.0	57.6	59.3	61.0	62.8	64.7	66.7	68.7	70.9	73.2	75.5	78.0	80.6	83.4	86.3	89.4	92.6		413
41.6	42.7	43.7	44.8	45.9	47.1	48.3	49.6	50.9	52.2	53.7	55.1	59.7	58.3	60.0	61.7	63.5	65.5	67.5	69.6	71.7	74.0	76.4	79.0	81.6	84.4	87.4	90.4	93.7		418
42.1	43.2	44.2	45.3	46.5	47.6	48.9	50.2	51.5	52.9	54.3	55.8	57.4	59.0	60.7	62.5	64.3	66.2	68.3	70.4	72.6	74.9	77.4	79.9	82.6	85.4	88.4	91.5	94.8		423
42.6	43.7	44.7	45.9	47.0	48.2	49.5	50.7	52.1	53.5	54.9	56.5	58.0	59.7	61.4	63 <u>.</u> 2	65.1	67.0	69.1	71.2	73.5	75.8	78.3	80.9	83.6	86.4	89 <u>.</u> 4	92.6	95.9		428
43.1	44.2	45.3	46.4	47.6	48.8	50.0	51.3	52.7	54.1	55.6	57.1	58.7	60.4	62.1	63.9	65.8	67.8	69.9	72.0	74.3	76.7	79.2	81.8	84.6	87.4	90.5	93.7	97.1		433
43.6	44.7	45.8	46.9	48.1	49.3	50.6	51.9	53.3	54.7	56.2	57.8	59.4	61.1	62.8	64.7	66.6	68.6	70.7	72.9	75.2	77.6	80.1	82.8	85.5	88.5	91.5	94.8	98.2		438
44.1	45.2	46.3	47.5	48.7	49.9	51.2	52.5	53.9	55.4	56.9	58.4	60.1	61.8	63.6	65.4	67.4	69.4	71.5	76.7	76.0	78.5	81.0	83.7	86.5	89.5	92.6	95.9			443
44.6	45.7	46.8	48.0	49.2	50.5	51.8	53.1	54.5	56.0	57.5	59.1	60.8	62.5	64.3	66.5	68.1	70 <u>.</u> 2	72.3	74.5	76.9	79.4	81.9	84.6	87.5	90.5	93.6				448
45.1	46.2	47.4	48.5	49.8	51.0	52.3	53.7	55.1	56.6	58.2	59.8	61.4	63.2	65.0	66.9	68.9	70.9	73.1	75.4	77.7	80.2	82.8	85.6	88.5	91.5					453
45.6	46.7	47.9	49.1	50.3	51.6	52.9	54.3	55.7	57.2	58.8	60.4	62.1	63.9	65.7	67.6	69.9	71.7	73.9	76.2	78.6	81.1	83.8	86.5	89.4						458
46.1	47.2	48.4	49.6	50.9	52.2	53.5	54.9	56.4	57.9	59.4	61.1	62.8	64.6	66.4	68.4	70.4	72.5	74.7	77.0	79.5	82.0	84.7	87.5	90.4						463
46.6	47.8	48.9	50.1	51.4	52.7	54.1	55.5	57.0	58.4	60.1	61.7	63.5	65.3	67.1	69.1	71.2	73.3	75.5	77.9	80.3	82.9	85.6	88.4							468
50.1	51.3	52.6	53.9	55.3	56.7	58.1	59.6	61.2	62.9	64.6	66.4	68.2	70.1	72.2	74.3	76.5	78.8	81.2	83.7	86.3	89.1	92.0								503
9.05	51.8	1.53	54.4	55.8	57.2	58.7	60.2	61.8	63.5	65.2	67.0	68.9	70.8	72.9	75.0	77.2	79.6	82.0	87.2	90.0										508
51.1	52.3	53.6	55.0	56.3	57.8	59.3	60.8	62.4	64.1	65.9	67.7	69.6	71.5	73.6	75.7	78.0	80.3	82.8	88.0	90.9										513
51.6	52.9	54.2	55.5	56.9	58.3	59.9	61.4	63.0	64.7	66.5	68.3	70.2	72.2	74.3	76.5	78.8	81.1	83.6	88.9	91.7										518
52.1	53.4	54.7	56.0	57.4	58.6	60.4	62.0	63.7	65.4	67.1	69.0	70.9	72.9	75.0	77.2	79.5	81.9	84.4	89.8											523
52.6	6.23	55.2	9.95	58.0	59.5	61.0	62.6	64.3	66.0	67.8	69.7	71.6	73.6	75.8	78.0	80.3	82 <u>.</u> 7	85.2	91.5											528
53.1	54.4	55.7	57.1	58.5	60.0	61.6	63.2	64.9	66.6	68.4	70.3	72.3	74.3	76.5	78.7	81.0	83.5	86.0												533
53.6	54.9	56.2	57.6	59.1	60.6	62.2	63.8	65.5	67.2	69.1	71.0	73.0	75.0	77.2	79.4	81.8	84.3	86.8												538
54.0	55.3	56.7	58.1	59.5	61.1	62.6	64.3	66.0	67.7	69.6	71.5	73.5	75.6	77.8	80 <u>.</u> 0	82.4	84.9	87.5					_			_				542
54.6	55.9	57.3	58.7	60.2	61.7	63.3	65.0	66.7	68.5	70.4	72.3	74.3	76.4	78.6	80.9	83.3	85.8	88.4					_			_				548
54.8	56	57.5	58.9	60.	62.0	63.	65.:	66.9	68.7	70.6	72.6	74.6	76.7	78.9	81.2	83.6	86.1	88.8												550

Body Mass Index (BMI)

SANF SRD

HEALTH

Bismarck Campus Map



Psychological Evaluation Centers

You are not limited to these providers. If you are interested in using a different provider, ask if they do the psychological evaluation for weight-loss surgery approval.

Bismarck

Sanford Health 323-6543 Richard Arndorfer, Ph.D. M. Schaaf-Gallagher, Ph.D. K. Ghering, Ph.D. C. Herrick, Ph.D.

Minot

Julie Rickert, Ph.D. - 858-6700 Timothy Eaton, Ph.D. - 839-0474 --(United Health Care approved)

Belcourt IHS (Tribal Enrolled)

Angie LaRoque, Ph.D. - 477-8658 Tammy Trottier, Ph.D. - 477-8659

St. Alexius PrimeCare 530-7300 David Brooks, Ph.D.

Other: Ed Kehrwald, Ph.D. - 224-1897 Christine Kuchler, Ph.D. - 224-1897

Dickinson

Robert Baer - 483-9720 Shelly Goodrich - 225-1050

Carrington

John Collins, Ph.D. - (800) 526-8648

Devils Lake

Greg Volk, Ph.D. - 662-1911 Dr. Volk travels to Williston, Dunseith, and Rugby every other week each month. Call Volk Human Services for appointment at (701) 662-1911. Sara Kenney, PsyD. (701) 662-8255

Jamestown

Sanford Health 2nd Ave. Clinic John Collins, Ph.D. - (800) 442-3010 and 952-6003

Greetings,

If you would like to get started with the surgery approval process, here are the steps you need to take:

- Check with your insurance company to make sure your policy covers the procedure. When you talk to them, ask about your policy specifically.
- Complete the patient information booklet, the paper with insurance information and the consent to this clinic.
- Please give the completed and signed information release forms to your primary care doctor's office, and instruct them to send your medical records to our office.
- Returning the release to this clinic will slow the process. Generally we require at least three years of records. I will contact you if more are required.
- If you are sure you meet the criteria for surgery, you will want to consider getting your psych evaluation done. If you are unsure if you qualify, please call me so we can review the information in your packet.
- If your records are with Sanford Health, please enclose a note mentioning your doctor's name with your paperwork so your records can be found.
- If you do not complete this packet prior to your information session, please fill it out and mail it to our office. It seems like a long process, but it goes quite smoothly. The longest process to complete is the record release and psych evaluations. These are all necessary to the process.

Call me if you have any questions or need help getting through this process.

Sincerely,

Judy Registered Nurse, Bariatric Coordinator Receptionist: (701) 323-5300

bismarck.sanfordhealth.org/weightlosssurgery



<u>Consent</u>

Date: _____

I give my verbal and written consent for Sanford Health to release all of the information of my past medical history, including psychological evaluations, supervised and unsupervised weight loss programs, etc.

All information regarding my past and present medical history may be copied and released to my insurance company, Medicare, Medicaid, etc. for pre-authorization for gastric bypass/lap band surgery due to morbid obesity.

Patient Signature:
May we leave a message on your answering machine at work of home? Yes No
May we leave a message with your spouse or significant other? Yes No
Patient Signature:
Insurance Information
Insurance Company Name:
Policy Number:
Group Name:
Group Number:

bismarck.sanfordhealth.org/weightlosssurgery



Date:	Name:	
Nickname:	Allergies:	
Sex: Male Female Ethnic Orig	gin: 🗆 Caucasian 🛛 African Amer	rican 🛛 Asian 🗆 Native American
	□ Hispanic □ Other:	
SSN#:	DOB:	Age:
Address:		
Home Phone:	Work Phone:	
Cell Phone:	Height:	Weight:
Doctor referred by:		
Marital Status: Married Si	ngle	□ Widowed
Education:	High School Gr	aduate:
Years in college:	Years in post	grad:
Occupation:		
Employment (Full time or Part tim	e):	
Present:	Past:	
If you are using the following, plea	ase indicate how much and how o	ften.
Tobacco (chewing, cigars, or	cigarettes):	
Alcohol:	Caffeine:	
Recreational/street drugs:		
		



Medical History

Please list any surgical procedures with either year or your age at procedure:

Surgery		Age
	-	
	-	
	-	
	-	
	-	
Hospitalizations for reasons other than surgeries:		

1			
2.			
3	 	 	
4	 	 	
5	 	 	



Family History

Please answer the following questions regarding your family history.

History includes age or age at death, any medical problems such as diabetes, heart trouble, high blood pressure, stroke, epilepsy, tuberculosis, cancer, and cancer type.

Mother: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Father: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Brother: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Brother: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Brother: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Sister: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Sister: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Sister: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Maternal Grandmother: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Maternal Grandfather: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Paternal Grandmother: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:
Paternal Grandfather: Age: Any medical problems:
Cancer: Y / N Type: Living: Yes No Cause of death:



Spouse: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Son: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Son: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Son: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Daughter: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Daughter: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Daughter: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Other blood relative	not listed above:
Relative: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Relative: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Relative: Age:	Any medical problems:
Cancer: Y / N Type:	Living: Yes No Cause of death:
Relative: Age:	Any medical problems:
C C	Living: Yes No Cause of death:
	Any medical problems:
-	Living: Yes No Cause of death:
Relative: Age:	Any medical problems:
Ū.	Y Living: Yes No Cause of death:
, i	Ŭ



Current Medical Condition

Please check yes or no for those that apply.

High blood pressure	□ Yes	🗆 No	Other medical diagnosis (i.e. liver disease):
On medication	□ Yes	□ No	
Heart disease	□ Yes	🗆 No	
Diabetes	□ Yes	🗆 No	
Pulmonary disease/asthma/COPD	🗆 Yes	□ No	
Seizure disorder	□ Yes	🗆 No	
Cancer	□ Yes	🗆 No	
If Yes, what kind:			
Depression	□ Yes	□ No	
Mental illness	□ Yes	□ No	
Thyroid problems	□ Yes	🗆 No	
Gout	□ Yes	□ No	
Hx of transplant	□ Yes	□ No	
If Yes, what kind:			

Please list all current medications, including all over-the-counter pain medication (write down medication name, dosage, frequency, and when taken):



		U		J	-	
Eyes			Genera	al		
Blurring	□ Yes	□ No	Fevers			
Double vision	□ Yes	□ No	Night sv	veats		
Irritation/infections	□ Yes	□ No	Chills			
Eye pain	□ Yes	□ No	Fatigue			
Spots or floaters	□ Yes	□ No				
Changes in vision	□ Yes	□ No				
Glasses	□ Yes	□ No				
Contacts	□ Yes	□ No				
Ears/Nose/Throat						
Earaches			□ Yes	□ No		
Discharge from ears			□ Yes	□ No		
Ringing in ears			□ Yes	□ No		
Decrease in hearing			□ Yes	□ No		
Hearing aides - Circle one:	Right	Left	I	Both		
Recurrent head colds			□ Yes	□ No		
Sinus troubles			□ Yes	□ No		
Dysphagia (difficulty swallow	ving)		□ Yes	□ No		
Change in taste			□ Yes	□ No		
Change in smell			□ Yes	□ No		
Persistent hoarseness			□ Yes	□ No		
Recurrent sore throats			□ Yes	□ No		
Recurrent sores in mouth			□ Yes	□ No		
Enlarged glands			□ Yes	□ No		
Soreness or bleeding from g	gums whe	n brushing	□ Yes	□ No		
Dentures - Circle one:	Тор	Bottor	m I	Both		
Partials - Circle one:	T-B	T-B	I	Both		
Permanent bridges or impla	nts		□ Yes	□ No		



Cardiovascular

Allergic/Immunologic

Chest pain	□ Yes	□ No	Hay fever	□ Yes	🗆 No
Angina	□ Yes	□ No	Recurrent infections	□ Yes	🗆 No
Palpitations	□ Yes	□ No	HIV/Exposure	□ Yes	🗆 No
Fainting spells	□ Yes	□ No			
Shortness of breath:			Endocrine		
Walking several blocks	□ Yes	□ No	Heat intolerance	□ Yes	🗆 No
One flight of stairs	□ Yes	□ No	Cold intolerance	□ Yes	🗆 No
When laying down	□ Yes	□ No	Hot flashes	□ Yes	🗆 No
Wake up at night	□ Yes	□ No	Brittle nails	□ Yes	🗆 No
High blood pressure	□ Yes	□ No	Change in skin texture	□ Yes	🗆 No
Swelling of hands or feet	□ Yes	□ No	Change in hair texture	□ Yes	🗆 No
Varicose veins	□ Yes	□ No			
Heart disease	□ Yes	□ No	Hematologi	ic/Lympł	natic
Circulation problems	□ Yes	□ No	Abnormal bruising or		
High cholesterol	□ Yes	□ No	bleeding	□ Yes	🗆 No
			Enlarged lymph nodes	□ Yes	🗆 No
Respiratory			Blood transfusion or		
Cough	□ Yes	□ No	plasma transfusion	□ Yes	🗆 No
Cough when lying down	□ Yes	□ No			
Sleep on more than one pillow	□ Yes	□ No			
Shortness of breath	□ Yes	□ No			
Cough up blood	□ Yes	□ No			
Wheezing or asthma	□ Yes	□ No			
Sleep apnea diagnosed:		Sympt	toms only no testing:		
CPAP:	Bip	ap:	Other:		
	·				
Skin					
Rashes	□ Yes	□ No			
Lesions	□ Yes	□ No			
Itching	□ Yes	□ No			
Dryness	□ Yes	□ No			
Eczema	□ Yes	□ No			
Psoriasis	□ Yes	□ No			



Gastrointestinal

Stomach pain or cramping	🗆 Yes	🗆 No
Heartburn	□ Yes	🗆 No
If Yes, how do you treat?		
Nausea or vomiting	🗆 Yes	🗆 No
Diarrhea	□ Yes	🗆 No
If chronic, has it been evaluated?	🗆 Yes	🗆 No
Constipation	🗆 Yes	🗆 No
If chronic, has it been evaluated?	□ Yes	🗆 No
Bleeding from rectum	🗆 Yes	🗆 No
If Yes, has this been evaluated?	□ Yes	🗆 No
Vomiting of blood	□ Yes	🗆 No
Hemorrhoids	□ Yes	□ No
Genitourinary		
Urinary frequency times per day		
Do you feel like you empty your bladder?	□ Yes	🗆 No
Pain with urination	□ Yes	🗆 No
Difficulty starting urination	🗆 Yes	🗆 No
Get up at night to urinate	🗆 Yes	🗆 No
Urinate more than before	🗆 Yes	🗆 No
Urinate less than before	🗆 Yes	🗆 No
Blood in your urine	□ Yes	🗆 No
Loss of urine with coughing or sneezing	□ Yes	🗆 No
Males: Discharge from penis	□ Yes	🗆 No
Females: Vaginal discharge	□ Yes	🗆 No
Painful periods	□ Yes	🗆 No
Polycystic ovarian disease	□ Yes	🗆 No
Irregular periods	□ Yes	🗆 No
How many pregnancies?		
Live births:		
Still births:		
Miscarriages:		



Neurological

Headaches	□ Yes	□ No
Migraine headaches	□ Yes	□ No
Dizzy spells	□ Yes	□ No
Paralysis	□ Yes	□ No
Change of sensation in hands or feet	□ Yes	□ No
Tingling of hands or feet	□ Yes	□ No
Seizures	□ Yes	□ No
Tremors	□ Yes	□ No
Head injuries	□ Yes	□ No
Knocked unconscious	□ Yes	□ No

Musculoskeletal

Back pain/backaches	□ Yes	□ No
If Yes, has it been evaluated?		
Joint pain: knees, hips, or ankles	□ Yes	□ No
Joint swelling	□ Yes	□ No
Muscle spasms	□ Yes	□ No
Leg cramps	□ Yes	□ No
Muscle weakness	□ Yes	□ No
Stiffness	□ Yes	□ No
Arthritis	□ Yes	□ No
Assistive devices: □ Cane □ Crut	tches 🛛	Walker
U Wheelchair D Prosthesis		
Other:		
□Yes □No		

Psychiatric

Depression	□ Yes	🗆 No
Have you ever been treated for drugs or alcohol?	□ Yes	□ No
Dependency:		
Anxiety	□ Yes	□ No
Memory loss	□ Yes	□ No
Suicidal ideation	□ Yes	□ No
Attention Deficit Disorder (ADD) or		
Attention Deficit Hyperactivity Disorder (ADHD)	□ Yes	□ No
Bipolar disorder	□ Yes	□ No
Schizophrenia	□ Yes	□ No
Paranoia	□ Yes	🗆 No
Hallucinations	□ Yes	□ No
Other:		



Dieting History Form

Name of diet plan	List year(s) on plan	Wt. loss	Wt. gain	Additional info
Diet (cutting back)				
Liquid diets (Slim Fast)				
Weight Watchers				
Overeaters Annon.				
Tops				
Diet Center				
NutriSystem				
Jenny Craig				
Diet Pills OTC (i.e. Dexatrim)				
Diet Pills Rx				
LA Weight Loss				
Acupuncture				
Hypnosis				
Body Connection				
Optifast				
Medifast				
Atkins (protein diet)				
South Beach				
Mayo Clinic				
Phentermine				
Phen Fen				
Redux				
Herbal tea				
Herbal Life				
Calorie counting				
Fat free diets				
Vegetable diets				
Exercising				
Richard Simmons diet				

How many years have you been obese? _____

Please be specific with when you were on the plan, how much weight you lost and how much gained.

The last 3-5 years are most important.



Epworth Sleepiness Scale

This questionnaire will help your physician to measure your general level of daytime sleepiness.

Name: ______ Date of birth: ______ Date: ______

How likely are you to doze off or fall asleep in the situations described below, in contrast to

feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the *most appropriate number* for each situation:

0 = would never doze 1 = slight chance to dozing 2 = moderate chance of dozing 3 = high chance of dozing

SITUATION	CHANCE OF DOZING			<u>ZING</u>
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theater or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3