

**ATTENTION:**  
PATIENTS WITH MEDICAID AS A  
SECONDARY PAYER WHO IS BEING  
TREATED BY A NON-PARTICIPATING  
MEDICAID PROVIDER.

Please be advised that you are seeing a provider that does not accept Medicaid.

As a result, we are able to bill your primary insurance, however, we are not able to bill Medicaid as a secondary insurance. This situation makes the patient (parent or guardian if under 18) responsible for the remainder of the balance after the primary insurance processes the claims.

Therefore, any amounts that may be required for co-payment, coinsurance, or deductible will be billed to the patient (or parent or guardian if under 18).

This waiver must be signed by the patient, and/or the parent or guardian if under 18, to note notification of this billing issue.

Patient \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
(if under 18)

Witness \_\_\_\_\_ Date \_\_\_\_\_

## PSYCHOLOGICAL ASSESSMENT FOR BARIATRIC SURGERY

In order to better prepare for this assessment be advised that the following areas will be covered in the interview. Please have all forms completed prior to the interview and bring them with you.

- **Psychosocial History-**
  - Marital and Family status
  - Employment
  - Relationships with Family
  - Post Operative Support System
  - Education
  - Prior and Current Depression, Anxiety, etc.
  - Family History of Weight Problems
  - Prior or current psychological care
- **Medical and Weight Loss History-** (*It is important that you write this information down on the accompanying form and bring this for your interview*)
  - History of weight loss attempts. (Be as specific as possible)
  - Medical Problems
  - Current Medications
- Knowledge of Post Operative Requirements and Motivation for following a plan.
- Need for pre-operative or post-operative counseling
- Personality Testing (*Scheduled separate from the interview*) MMPI-2 and MBMD (Generally requires two hours)

### **ATTENTION: FINANCIAL RESPONSIBILITY**

*Many insurers cover some but not all of the costs of the assessment.*

*Be sure to contact your health insurance to be determine the extent of your coverage for the assessment and surgery and that providers are on your plan.*

*Patients are financially responsible for any balance not covered by insurance.*

*David Gannon, Ph.D.*

*Psychologist*

*Psychological and Family Consultants*

**Bariatric Surgery Candidates**

Please complete the following information and **BRING IT TO YOUR APPOINTMENT TO ASSIST IN THE EVALUATION.** PLEASE READ THE FORM BEFORE COMPLETING IT.

*LIST YOUR **WEIGHT RELATED** MEDICAL CONDITIONS IN SEQUENCE FROM FIRST TO LAST DIAGNOSED. THIS IS NOT A LIST OF SURGERIES*

FOR EXAMPLE- HYPERTENSION

AGE 35 or 1980

LISINOPRIL

Medical Condition

Date / Age of Onset

Medication

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Please list these in sequence from *first to last*. This includes formal weight loss programs, dietary supplements, dieting, or exercise. *Whether you choose to list by age or date please use one or the other throughout your listing of weight loss history.*

**\*\*IT WILL BE NECESSARY TO PROVIDE A WEIGHT LOSS HISTORY AT THE TIME OF THE ASSESSMENT OR IT CANNOT BE DONE.** Insurance companies require that a candidate show what other weight loss measures have been attempted before considering bariatric surgery.

For example: Weight Watchers      Age 23      6 months      Lost 20 lbs

Weight Loss Attempt

Date /Age

Approximate Weight Loss

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Use other side if needed. Thank you.

David Gannon, Ph.D., Psychologist