

Primary Care Physician Letter

Your insurance company requires a letter from your Primary Care Physician in order for you to participate in the Adult Bariatric Surgery Program. This letter should include the following information that we reviewed today during your New Patient visit, including:

- Your history of unsuccessful weight loss attempts
- Completion of a medical evaluation by a bariatric surgery provider, which was performed today
- Understanding the risks associated with bariatric surgery, as described by the bariatric surgery provider
- Having realistic weight loss expectations after surgery
- Having been informed of all of the lifestyle changes that will be required, including diet, regular exercise, supplementation, and follow-up
- The fact that your Primary Care Physician feels that you will be compliant with all of the necessary post-operative lifestyle changes

We have provided a sample letter on the following page for your convenience. Your Primary Care Physician can either use the sample letter, by dating and signing it, or create one of their own. As long as the letter reflects all of the information above, it will meet the insurance requirement.

The most important thing to remember is that the signed letter will need to be returned to our office. You or your Primary Care Physician can fax it to our office at 734-615-1205, or you can bring it with you to your next appointment.

Adult Bariatric Surgery Program
Michigan Medicine, General Surgery
2926 Taubman Center, SPC 5331
1500 E. Medical Center Drive
Ann Arbor, MI 48109-5331

Date: _____

Regarding: Patient Name: _____

Michigan Medicine Medical Record Number: _____
(or Date of Birth)

This letter is in regards to the above patient who has been unsuccessful with non-surgical weight loss attempts. The patient has had a complete medical evaluation and has been counseled on the risks associated with bariatric surgery.

The patient's expectations for the outcome of weight loss surgery are realistic. The patient has been advised that lifestyle changes will be required including diet, regular exercise, supplementation, and follow-up. I feel confident that the patient will be compliant with the post-operative recommendations.

Signed,

PCP Signature: _____

PCP Address: _____

Please Return via fax to: (734) 615-1205