

HIGHLAND HOSPITAL**BARIATRIC CENTER PARTNERSHIP AGREEMENT****HH 11174**

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MRN:

Patient Name:

RR.DONNELLEY

We are so happy you have considered the Highland Bariatric Center to assist you on your weight loss journey. It is our mission to offer a supportive environment inclusive of highly trained professionals and evidence-based interventions to help you reach your goals.

Our experience has taught us that in order to reach and maintain a healthy weight individuals need to be very disciplined and committed to a long term endeavor and life long lifestyle changes. The following describes what will be expected of you at the beginning of your journey. We are hopeful that you will see the value in these small but necessary steps and will dedicate yourself to reaching your goals.

Our bariatric surgical candidates need to be aware that an all-in commitment from them is expected. It is important to fully understand the lifestyle changes and behavior modifications necessary for success with bariatric surgery. Bottom line: Surgery is just a tool for weight loss. Weight loss surgery is a commitment, not a quick fix! Lifestyle changes are key for the procedure to be a success! Weight loss surgery + lifestyle changes = Improved Health & Quality of Life.

Our patient pathway at the Center is designed to provide the necessary education to ensure the best outcomes long term. Your compliance and engagement are key! Attending appointments, keeping a food journal, eating healthy, becoming more active and completing medical requirements are signs that demonstrate a true commitment to achieving your goals.

Following surgery, the expectation is that you will continue to have regular follow-up within the first year and annually thereafter. Staying connected to the Center helps ensure improved outcomes and greater success with maintaining the weight loss achieved and preventing weight regain. Obesity is a chronic disease that requires ongoing medical monitoring of nutritional status and attention to staying on track with making healthy lifestyle choices.

Bariatric surgery is a long-term investment in yourself! Patient education is key. We want patients to understand that surgery is actually just a small piece of this lifelong journey to optimum health and wellness. The longest part of your journey will be your commitment to acquiring skills that support weight maintenance. The Center has self-pay programming that is centered on behavior modification and lifestyle changes that are available to you if needed.

The following guidelines outline your responsibilities in the program that you will be held accountable for and that will be important for your success in reaching your health goals:

- **Contact your insurance company** to ensure that your policy has a covered benefit for bariatric surgery. When you call you will need to provide them with the appropriate procedure code: Gastric Bypass: 43644 or Gastric Sleeve: 43775. You do not want to discover 4-6 months after starting this process that your insurance has no coverage for bariatric surgery. Please take time to understand your insurance coverage as you will be responsible to pay for all hospital and professional care provided not otherwise covered by your insurance. Highland has a Financial Assistance program for eligible persons. (Call (585)341-0023 for more information.)

(Rev 1/22)

• **Establish a MyChart account** to facilitate efficient communication with providers and staff. You will also have the option of requesting and canceling appointments.

• **Nutrition class I & II** will be scheduled and attended as a unit. If you are absent for one of the two classes you will need to reschedule and attend both classes as a unit to fulfill the requirement. (To be clear this requires repeating class 1 if you miss class 2).

• **Our Virtual Nutrition** program is conducted through Zoom. Your full attention is required during the classes and one on one nutrition appointments. This means that we will not allow anyone to be driving or otherwise distracted during these appointments. You are responsible to sign on 10 minutes before the appointment, be sitting attentively (not lying down), taking notes and participating in the sessions.

• **Baritastic™ App** will be utilized to maintain a daily food diary for the nutrition appointments. A self-reported weight will also need to be provided at each individual appointment.

• **All Pre-operative Checklist requirements** must be completed to be eligible to schedule a surgeon consult. This is inclusive of medical and nutrition requirements as well as attending our mandatory virtual Pre-op class which will help to prepare you for your hospital experience and a safe and smooth recovery. In order to remain in the program and qualify for bariatric surgery you must complete all requirements within one year of your History & Physical appointment.

• **Attendance policy** - Our Center's mission is to help all patients succeed on their weight management journey. The average patient's journey is about 5 months from starting the program until the date of surgery. You have some control over this. Being on-time for appointments, keeping scheduled appointments and rescheduling appointments with advance notice will all help you achieve your end goal. If you call to reschedule after your scheduled appointment time or fail to show up you will be considered a "no show". Three "no shows" will result in dismissal from the program. If you should decide that you are no longer committed to the program and would like to withdraw, please notify the Center. We have found over time that patients who are committed to keeping their scheduled appointments are more likely to be successful with their journey to surgery. It is our goal to support this outcome!

To cancel or request an appointment:

Send a MyChart message or call the Center, (585)341-0366

Monday - Friday 8:00 a.m. - 4:30 p.m.

The undersigned has read and understood the above information and agrees to hold themselves accountable as stated. An individuals inability to comply with the Center's protocols may result in a dismissal from the program.

Print Name: _____ **Date:** _____ **Time:** _____

Signature: _____