



Physicians' Reciprocal Insurers

Supplemental Application for

Bariatric Surgery

IMPORTANT: Processing of this application will be delayed if it is not completed in its entirety and the requisite attachments are not included.

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PHYSICIANS' RECIPROCAL INSURERS

BARIATRIC SURGERY SUPPLEMENTAL APPLICATION

Name of Hospital: _____

Main Location: _____

If you are part of a Health System, please list all locations at which bariatric surgeries are performed:

1. Number and type of procedures performed:

OPEN:				
Roux-en-Y (RYGB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Gastric Banding	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Vertical Band Gastroplasty (VBG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected

LAPAROSCOPIC:				
Roux-en-Y (RYGB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Gastric Banding	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Vertical Band Gastroplasty (VBG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	# past 12 months		# projected

2. Number of procedures performed by patient age:

Patient Age	Past 12 months	Projected
> 65 yrs old		
18-64 yrs old		
12-17 yrs old		

3. Complication rate for the past 12 months: _____%

4. How long has your facility been performing bariatric surgeries? _____



5. Which organizational guidelines does the facility follow?

- American Society of Bariatric Surgery
- American Society of Bariatric Surgeons
- Society of American Gastrointestinal Endoscopic Surgeons
- American College of Surgeons
- Surgical Review Corporation (Center of Excellence)
- Other (specify): _____

- 6. Does the hospital require physicians to be credentialed for bariatric surgery? Yes No
- 7. Are there written guidelines for selecting and screening appropriate candidates for bariatric surgery? Yes No
- 8. As part of the pre-screening process, are all candidates required to undergo a complete and comprehensive medical and psychological evaluation? Yes No
- 9. Are patient education programs mandatory for candidates considering bariatric surgery? Yes No
- 10. Does your facility have special equipment such as operating tables, x-ray tables, wheelchairs, surgical instruments, hospital beds, etc. to accommodate morbidly obese patients? Yes No
- 11. Is there a multidisciplinary team and unit dedicated to the care and treatment of bariatric patients? Yes No

ADDITIONAL INFORMATION AND DOCUMENTS TO ACCOMPANY APPLICATION

- 1. Detailed description of bariatric guidelines, policies and procedures.
- 2. Details of Pre-Op evaluation program.
- 3. Details of Patient Education program.

APPLICATION IS NOT ACCEPTED WITHOUT SIGNATURE ON THE NEXT PAGE



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The answers to the foregoing questions are complete and correct to the best of my knowledge and belief.

Signature: _____

Name (please print): _____

Title: _____

Date: _____