

MY HEALTHCARE PROVIDER QUESTIONNAIRE

To the surgeon/staff, please answer the following questions so I may insure that I'm well informed and better able to find the best possible healthcare for my treatment.

1. How many obesity surgeries has my surgeon performed?

2. I am interested in having the (patients circles one) [Gastric Band] [Gastric Bypass] procedure. How many procedures of this kind has this facility performed?_____

3. How many of this type of surgery has my surgeon performed?_____

4. Is the facility a Medicare approved facility? Yes No
(Even though you are not a Medicare patient, a facility that is Medicare certified is held to federally regulated standards.)

5. Is my Surgeon Board Certified? Yes No

6. What is the Pre-op program?

7. What is the Post-op program?

8. What is my maximum out-of-pocket cost?_____

9. Is this cost all inclusive? Yes No

10. Does it include the facility as well as all professional fees associated with my stay? Yes No

11. Do you have any Zero out-of-pocket programs? Yes No

12. Do you guarantee the maximum out-of-pocket for the doctor, assistant, anesthesiologist, and hospital? Yes No

13. Would you put this in writing? Yes No

14. If my insurance denies me coverage, would you attempt to get them to overturn the decision? Yes No

15. Would you do the surgery for a \$10,000 deposit? Yes No

Name of facility: _____

Surgeon's Name: _____

Thank you for filling out my questionnaire.

Please sign and date below:

Signature _____ Date: _____