



**Physicians and Surgeons
Bariatric Surgery
Addendum**

PART I - APPLICANT INFORMATION

First Name	Middle Initial	Last Name	Policy Number
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PART II - GENERAL QUESTIONS

How long have you been performing bariatric procedures? _____

Please provide documentation of all training received for bariatric procedures.

Please list the hospitals where you hold current privileges to perform bariatric surgery.

Please complete the following chart listing annual totals for each type of bariatric surgical procedure performed.

Type	Technique	Total Performed with Proctor	Total Performed Annually
	<input type="checkbox"/> Open <input type="checkbox"/> Laproscopic		
	<input type="checkbox"/> Open <input type="checkbox"/> Laproscopic		
	<input type="checkbox"/> Open <input type="checkbox"/> Laproscopic		
	<input type="checkbox"/> Open <input type="checkbox"/> Laproscopic		

Do you perform bariatric procedures on pediatric patients?

Yes No

Do you have written protocols and procedures for your patient selection process/criteria?

Yes No

(Please provide documentation including a copy of your consent form.)

Do you use a multidisciplinary team for evaluation and follow up for bariatric patients?

Yes No

(Please provide documentation.)

How long is the post-surgical follow-up period? _____

Do you have a written review process for peri-operative outcomes?

Yes No

I agree to report any change in the nature of my practice regarding bariatric surgery to the Underwriting Department of ProMutual Group as soon as any such change occurs.

By signing this application, I represent that the information contained herein is true. I understand that this information will be used to determine my eligibility for coverage. I further understand that if it is determined that any of this information is false, I may be subject to sanctions, including retroactive revocation of coverage.

Signed and sworn to under the pains and penalties of perjury.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Producer (signature is required for N.H. producers only)

Date

Printed Name of Producer