



PLEASE RETURN LETTER OF MEDICAL SUPPORT TO ATTENTION:

Predetermination

Fax: 803-791-2824 • Phone: 803-791-2828

LETTER OF MEDICAL SUPPORT FOR BARIATRIC SURGERY

Due to requirements by most insurance guidelines, we request a "Letter of Medical Support" for all patients from their primary care provider or a physician who has followed the patient. The information below describes the documentation requirements for the letter:

- Date the patient became established with the practice
- Brief description of the patient's health history
- List of all current co-morbidities that could be associated with obesity
- Brief statement in support of bariatric surgery for the patient and health outcomes from this surgery
- Weight management attempts discussed by the patient or specific weight management protocol prescribed. For example: prescriptions, fad diets and weight management trials such as Jenny Craig or Weight Watchers (please include dates). If you have a record of the attempts in the patient's chart, please provide a copy with this letter.

If you prefer, we can fax this information to your primary care physician. Simply fill out the form below and return it to any one of our staff members. Should you have any additional questions, please contact (803)791-2828.

I would like South Carolina Obesity Surgery Center to fax this information on my behalf. Yes No

PATIENT NAME

DATE OF BIRTH

PRIMARY CARE PHYSICIAN

PHYSICIAN PHONE NUMBER

PHYSICIAN FAX NUMBER

PATIENT SIGNATURE

Thank you in advance for providing this material on behalf of the patient.