



Program Requirements

Please read the Program Requirements initial each box and submit a signed copy with your New Patient Packet documents.

- ☐ 1. Minimum of 6 consecutive clinic visits required unless insurance specifies more and Psychological Evaluation (This also includes self-pay patients.)
- ☐ 2. Minimum of 6 consecutive nutrition visits with Registered Dietitian. If your insurance does not cover nutrition visits, you will be responsible for remaining balance.
If you have Medicare or a Medicare based insurance your nutrition visits may be a non-covered service.
- ☐ 3. Minimum of 6 consecutive months' worth of food and exercise log unless insurance specifies more are required for the program. Please bring logs monthly to each nutrition visit (with the exception of initial visit). If no logs are submitted within the first 60 days of your initial visit you may be deemed as non-compliant and may be termed from the program.
- ☐ 4. Must be drug-free for 1 year prior to starting program and remain drug-free for the entire length of program.
- ☐ 5. Patients cannot have an active psychiatric disease or a recent psychiatric hospitalization within the last year.
- ☐ 6. Appointment time slots are in high demand; please call the office at least 24 hours in advance if you cannot keep your appointment. Failure to give a 24 hour notice when rescheduling will be considered a no-show. If you do not give 24 hours' notice or do not show for your new patient appointment; you will be required to wait a full 6 months to restart. If you are an established patient this may result in termination from the program after 2nd no-show.
- ☐ 7. If your insurance company approves of bariatric services, please keep in mind that some services may not be covered; please financially plan to have funds available to cover routine items such as labs, EGD, vitamins, Optifast, and ability to provide meals from all food groups.
- ☐ 8. Deaconess Psychology Clinic will facilitate all of our psychological evaluations for Deaconess Weight Loss patients. If your insurance is not accepted at this clinic, please be prepared to pay approximately \$475 out of pocket to cover evaluation expenses. If you chose to have your evaluation performed at another location, it is the patient's responsibility to provide all necessary psych evaluation requirements to this facility and ensure information is returned back to Deaconess Weight Loss in a timely manner. Outside facilities may delay the process in your program.

Note: Some patients may need additional testing such as Chest X-Ray, EKG, and/or Sleep Study, please know this is a part of your weight loss journey and highly recommended to uncover any additional medical issues. Some of the tests may be out of pocket expenses if not covered by your insurance.

I acknowledge I have read and understand the information above and my signature states I will comply with the program requirements. Failure to comply with program requirements may result in dismissal from the Deaconess Weight Loss program.

Signature

Date