

Dear Prospective Patient:

Thank you for inquiring about weight loss surgery with Pacific Laparoscopy. This packet contains more detailed information that will help to ensure quality and your satisfaction with the pre-operative process. Accompanying this letter please find:

1. Initial Consult Information
2. Suggestions on getting faster approvals from Insurance Companies

We understand the urgency that many people feel after finally deciding to go ahead with weight loss surgery. Insurance company processing of authorizations and thorough medical evaluation may take considerable time. During this period, we encourage you as well as any who will be supporting you through your surgery to come to our monthly group support meetings listed in this packet. At these meetings you will meet people like yourself who are beginning the process, as well as post-operative patients and their support persons and, of course, members of our team who will help to make yours a successful journey back to good health.

Sincerely,



Barbara Metcalf RN, CBN  
Program Director

**INITIAL CONSULTATION INFORMATION****Consultation Visit**

**What to expect during the consultation?** These combined sessions total approximately 3 hours. Your initial office visit includes:

- (1) An education class
- (2) Meeting with our insurance coordinator
- (3) Medical consult with the clinical staff and the surgeon

We encourage you to bring your support person. The consultation fee is **\$300.00** and must be paid at the time of visit. If you proceed with surgery after your consult, the consultation fee of \$300 will be credited back to you.

**Please bring to your consultation**

1. **History & Physical** (if available) from your Primary Care Provider including height, weight, & current medical problems (including common co-morbidities such as diabetes, hypertension & sleep apnea).
2. **Insurance card**
3. **Completed Patient Health Questionnaire.** Forms can be downloaded from our web site or mailed to you on request.
4. **Easily removable shoes** (Body Fat Analysis requires bare feet)

**Out of Area/Pre-Auth Process**

1. **History & Physical** - from your Primary Care Provider including height, weight, Vital Signs & current medical problems (common co-morbidities such as diabetes, hypertension & sleep apnea). **Recent CBC and Chem 12 panel (within 12 months).**
2. **Insurance card** –copied both sides.
3. **Completed Patient Health Questionnaire.** Forms can be downloaded from our web site or mailed to you on request.
4. **Psychological Evaluation-** see #2 “Needed Evaluations” next page.  
Letter of introduction and self-picture if at all possible.
5. **Financial Policy**-signed by patient
6. **Mail to us “Certified”**-please no faxes.

## Rescheduling

Prompt accommodation of our prospective patients is an important goal. Out of consideration for others please notify the office at the earliest possible time for any reason you are not able to keep your consultation appointment.

## Hospital Affiliations

Surgery is performed at California Pacific Medical Center, 2333 Buchanan Street, San Francisco, CA 94115 (415-600-6000); St. Mary's Medical Center, 450 Stanyan Street, San Francisco, CA 94117 (415-668-1000); and El Camino Hospital, 2500 Grant Road, Mountain View, CA 94040 (650) 940-7000. These three hospitals are contracted with most major insurance companies. Our office will process and submit an authorization request for your surgery. Typically, if you are denied for the surgery you will also be denied for the hospital coverage. If you are a self-pay patient you will need to make a separate payment arrangement with the hospital directly. California Pacific Medical Center Financial Services can be reached via the main switchboard at 415 600-6000. The St. Mary's financial officer is Steve Cass, at (415) 750-5817.

## Payment for Surgery

**Duodenal Switch:** We are not contracted with your insurance company. If your procedure is approved by your insurance, either **\$8,400.00** or **\$12,600.00** (depending on your insurance) must be paid prior to scheduling surgery. If our office receives insurance payments for your surgery which exceed the total remaining balance due on your account, the overage will be reimbursed to you after the insurance check(s) is/are received. If any portion of our fees for your surgery remains unpaid after your insurance has issued their payment(s) for our fees, you will be responsible for paying the balance. When insurance payment is not available and you are a **self-paying** patient, the full **\$12,600.00** surgeon's fee and the **\$1,100.00** anesthesiologist's fee is due at the time of surgery scheduling.

**Vertical Gastrectomy:** We are not contracted with your insurance company. The total professional fee for surgeon and assistant surgeon is **\$6400.00**. The fees must be paid prior to scheduling surgery. As a courtesy we will bill your insurance company, and the amount paid by them for the Vertical Gastrectomy fees will be reimbursed to you after we receive the insurance payment(s).

**Roux-en-Y:** We are not contracted with your insurance company. If your procedure is approved by your insurance, either **\$6,300.00** or our full fees of **\$9,400.00** (depending on your insurance) must be paid prior to scheduling surgery. If our office receives insurance payments for your surgery which exceed the total remaining balance due on your account, the overage will be reimbursed to you after the insurance check(s) is/are received. If any portion of our fees for your surgery remains unpaid after your insurance has issued their payment(s) for our fees, you will be responsible for paying the balance. When insurance payment is not available and you are a **self-paying** patient, the full **\$9,400.00** surgeon's fee and the **\$1,100.00** anesthesiologist's fee are due at the time of surgery scheduling.

## Required Evaluations

1. **Medical evaluation:** The physician who most regularly sees you (Your primary care physician, or a specialist) can provide this work-up. This is also needed for pre-anesthesia clearance. History & Physical, dictated, with medical co-morbidities.
2. **Psychological evaluation:** In San Francisco, **Dr. William Hartman** (415 771-1821) and in Southern California **Dr. Ron Bale** (805 642-8600) have more than 20 years of experience with our patients and the effects of surgical procedures for morbid obesity. The fee for psychological evaluation is **\$300.00**, due and payable at the time of your visit. Each office will provide you with the paperwork necessary for you to bill your insurance company. Please note that many insurance companies do not reimburse for psychological exams.
3. **Out of Area Patients:**
  - a. **Insurance Clearance:** Completed Patient Health Questionnaire, both sides of insurance card (copied). We will try to pre-authorize you before traveling to San Francisco. Many insurance companies require a nutritional evaluation and/or documented medical weight loss program for 6 months.
  - b. **Medical Clearance:** History and Physical from your Primary Care Physician (including recent blood work, CBC, Chem 12 panel) and a psychological evaluation (MCMI evaluation)
4. **Subspecialty evaluations:** Based on your medical history and clinical exam, you may be referred for a subspecialty evaluation, most commonly pulmonary or cardiac.

## Pacific Laparoscopy Monthly Group Meetings in Your Area

### Chicago, Illinois:

Date: 3<sup>rd</sup> Monday of each month

Time: 6-8 PM 6pm Informational Seminar/simultaneous patient group support. 7PM General Post-op Group Support meeting.

Place: Mercy Medical at Dearborn Station, 47 W. Polk, Chicago, ILL. 60605. Suite 1 G, 1<sup>st</sup> floor NW corner. Metered parking \$3.00/hr or valet in rear of building.

For more information: Call (888) 848-8446, or email Barbara [Barbara@paclap.com](mailto:Barbara@paclap.com)

### Dallas, Texas:

Date: 2<sup>nd</sup> Saturday of each month.

Time: 11AM-1PM

Place: 2427 Carrick St.  
Farmers Branch, TX 75234

For More Information: Call Ellen Y. (972) 968-4379 or email [yatesel@yahoo.com](mailto:yatesel@yahoo.com)

## **Fort Bragg, CA:**

Date: 3<sup>rd</sup> Thursday of each month

Time: 7- 9 PM

Place: 45450 South Caspar Dr.  
Mendocino, CA 95460

For More Information: Call Susan M. (707) 964-4492, (707)964-7427 or email [suzi@rickfriar.com](mailto:suzi@rickfriar.com)

## **Los Angeles/Anaheim:**

Date: 1<sup>st</sup> Thursday after the Ventura meeting (Ventura meeting is the first Wednesday of each month)

Time: 6-8 PM (6 PM Informational Seminar 7PM general meeting)

Place: Walnut Village Retirement Community  
891 S Walnut St.  
Anaheim, CA 92802

For More Information: Contact Patrice N. (626) 354-5714 or email [pnordstrand@frontporch.net](mailto:pnordstrand@frontporch.net)

## **Portland, Oregon:**

Date: 2<sup>nd</sup> Sunday, every other month (Please call 888-848-8446 to verify the date)

Time: 4-6 PM

Place: Hillsboro Vineyard Church  
5968 SW Alexander St.  
Hillsboro, OR 97123

For More Information Call: Lee M. (360) 260-7447 or email [grammylee@comcast.net](mailto:grammylee@comcast.net)

## **San Jose, CA:**

Date: 3<sup>rd</sup> Wednesday of each month

Time: 6-8PM

Place: Hoover Theater  
1635 Park Avenue  
San Jose, CA 95126



Time: 6-8PM.

Place: 250 Arabian Dr.  
Sedona, AZ, 86351

For More Information Call: Micki (928) 284-2230 or email [ImagineSolutionsToday@npgcable.com](mailto:ImagineSolutionsToday@npgcable.com)

## **Stockton,CA:**

Date: Last Wednesday of each month

Time: 6-8PM 6PM Informational Seminar  
7PM Postop support

Place: U J's Restaurant  
7628 Pacific Avenue  
Stockton, CA 95207  
(Corner of Pacific and Hammer)

For More Information Call: Bill (209) 952-0961

## **Ventura,CA:**

Date: 1<sup>st</sup> Wednesday of each month

Time: 6-8 PM 6PM-Informational Seminar  
7PM- both preop and postop patients

Place: CoCo's Restaurant  
4095 E. Telegraph Rd  
Ventura, CA 93003

For More Information Call: Barbara (888) 848-8446, or email [Barbara@paclap.com](mailto:Barbara@paclap.com)

## **Area Contacts:**

**Alaska:** Contact: Ruth [sculptor@kpunet.net](mailto:sculptor@kpunet.net)

**Monterey:** Emily 831-625-2338 [higuerae@aol.com](mailto:higuerae@aol.com)

**Oakdale:** Vicki 209-848-0830 [valriefast@aol.com](mailto:valriefast@aol.com)

**San Diego:** Nancy RN—1-760-728-8286

**FOR ANY SPECIFIC QUESTIONS REGARDING SUPPORT GROUPS IN YOUR AREA, FEEL FREE TO EMAIL [Barbara @paclap.com](mailto:Barbara@paclap.com) OR CALL BARBARA AT THE OFFICE: 1.888.848.8446.**