

Southern Surgical Associates, PA

Wade Naziri, MD

Chris Mann, MD

Julie Johannes, PA-C

Dear Prospective Patient,

Thank you for your interest in the Bariatric Surgery Program at Southern Surgical Associates, PA. We received a referral for you either from yourself or your doctor, to be considered as a candidate for Bariatric Surgery. We are committed to providing the best quality and up-to-date care for our patients in the most compassionate manner.

You are scheduled to attend a Patient Education Class to orient you to our program. . If you are unable to attend, please notify our office. If you do not attend the education class then you will not be able to move forward in our program. The orientation will be held at **Southern Surgical Bariatric Institute**. Enclosed you will find directions and a map.

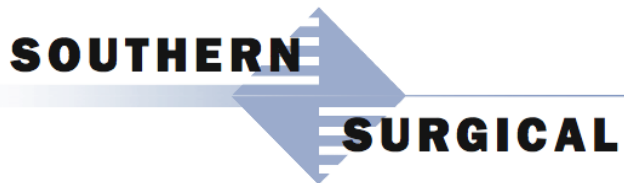
The purpose of this orientation is to provide you with information about our program, to meet our staff and to obtain your current medical and surgical history. You will need to complete the enclosed paperwork and bring it with you to the class. The orientation will last from **8:00 am until 12:00 pm. Due to limited space in the class and no waiting room, you will not be able to bring any family members or support persons with you.** Please bring all medications that you are currently taking with you, as well as your insurance card and driver's license.

Prior to your appointment, you should contact your insurance company to verify that the bariatric surgery you are interested in, either gastric bypass, gastric band or sleeve gastrectomy is a covered benefit under your policy. Also, you will need to verify that you meet the qualifications of your policy for the procedure. Each insurance company has different requirements. Your insurance company will give you this information. It is your responsibility to be aware if our physicians, Vidant Medical Center, formerly Pitt County Memorial Hospital, Pitt County Anesthesia, and any other physicians that we may refer you to for your preoperative evaluation testing are in network for your insurance company. This will help you determine how much of your total bill will be your responsibility and how much will be the responsibility of your insurance company. Enclosed you will find a benefit verification form to help you gather this information.

If you have any questions or need additional information regarding our program, please call us at (252) 758-2224.

Sincerely,

The Staff of Southern Surgical



Southern Surgical Associates, PA  
Wade Naziri, MD      Chris Mann, MD      Julie Johannes, PA-C

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Dear Patient,

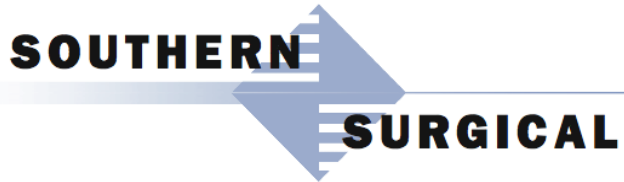
If your paperwork is not completed when you arrive to class, we will have to reschedule you to the next available class.

If you miss the Patient Education Seminar or do not give a 24 hour notice to cancel or reschedule your appointment, then you will not be eligible as a candidate for surgery with Southern Surgical Associates.

Sincerely,

The Bariatric Team

Southern Surgical Associates, PA



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This form is to help you determine whether or not your insurance policy has benefits for weight loss surgery. Understanding your benefits for weight loss surgery is an important part of the process. Many insurance companies have specific requirements that must be met before surgery is approved. Please make every effort to complete the form below. It is your right and responsibility as a member to know and understand your benefits.

**Instructions:**

1. Medicare patients: You do not have to fill out a form for Medicare, but if you have any other insurance, a form must be filled out.
2. Call the customer service number located on your insurance card and speak to a customer service representative.
3. Tell the representative that you would like to check policy benefits for weight loss surgery for morbid obesity.
4. Ask the following questions to get the necessary information. The questions provided to you should be read word for word to the customer service representative to insure the most accurate information possible.
5. Please do not leave any fields blank.
6. If you do not have enough space to write everything down, add a sheet of paper or ask for your medical policy for morbid obesity to be mailed to you.
7. This is for your records to make sure you understand your benefits. It does not need to be included in your packet to bring to class.

**Disclaimer:**

- Southern Surgical Associates, PA is not responsible for incorrect information that the insurance company may provide to you.
- Completion of this form does not mean a guarantee of payment for services that may be rendered to you. Should the insurance company deny any services, you will be responsible for 100% of the charges.
- Completion of this form also does not mean that you are approved for weight loss surgery. A surgical pre-approval can only be obtained once the necessary documentation is sent to the insurance company by a bariatric surgeon.



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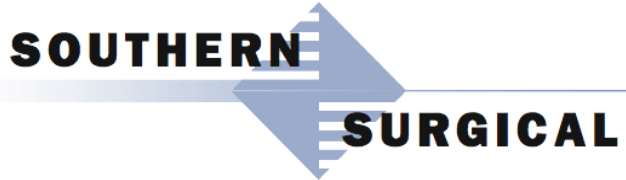
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**Please write clearly**

Fill in this information before you call the insurance company.		
Patient Name		
Patient Date of Birth		
Insurance Name		
ID Number		
Group Number		
Subscriber Name		
Subscriber Employer		
Subscriber Date of Birth		
#	Question for Representative	Answer from Representative
1	Please look in my current certificate of coverage. Do I have benefits for weight loss surgery for morbid obesity if medically necessary? Do I have a requirement to complete a medically supervised weight management	<input type="checkbox"/> Yes (Continue with this form.) <input type="checkbox"/> No (Complete #s 2, 8, & 9, then end the call.) **See explanation on page 3.
2	Please have the representative read the benefit or exclusion to you. Write it down word for word. Ask that a copy be sent to you via mail or fax.	
3	What is the effective date of my policy?	
4	What is the calendar year renewal date?	
5	Do I have a pre-existing clause?	



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6	If yes, what is the end date of the pre-existing clause?	
7	Is a referral required?	
8	Name of the representative.	
9	Date you spoke to representative.	

**By signing below, I certify the following:**

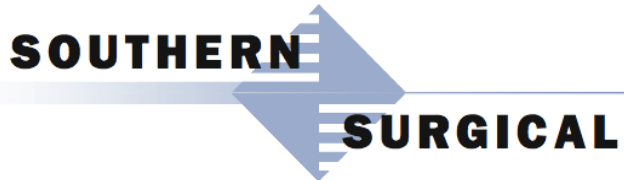
- I have read and understand the instructions that were provided to me.
- I have read and understand the disclaimer which includes that I am not approved for surgery.
- I have spoken to my insurance company and answered the above referenced questions to the best of my abilities.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*An exclusion occurs when the policy purchased does not come with weight loss surgery benefits. If the insurance company representative told you that you have a contract exclusion in your policy, that means that surgery will not be paid for even if it is medically necessary. The insurance company is not saying you don't need weight loss surgery, they are simply saying that it is not covered in your contract and they will not pay for it.**

If asked about diagnosis codes or CPT codes, please refer to the following information:

Diagnosis code:	Morbid Obesity	278.01
CPT codes:	Lap Band	43770
	Laparoscopic Gastric Bypass	43644
	Open Gastric Bypass	43846
	Sleeve Gastrectomy	43775



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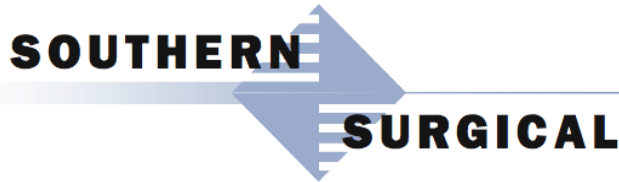
## **IMPORTANT INFORMATION about your appointment:**

### **Please Read!**

You have to meet several requirements to be considered as a candidate for the Bariatric Program with Southern Surgical Associates. The list below does not include all of the requirements that can keep you from being a candidate, but they are some of the most important ones. Please review the list below and if you find that you do not meet all of the requirements, please call our office at 252-758-2224 to cancel your appointment for your Patient Education Class.

1. Have a Body Mass Index (BMI) of 35 or greater
2. Have a Body Mass Index (BMI) of 30 or greater with a health problem for self pay LAP-BAND ®
3. Have failed documented attempts at weight loss in the past. This is not your first attempt at weight loss that you have had. The forms enclosed will help you meet this requirement. Please fill out the best you can.
4. Have to be able to stop smoking and the use of any other nicotine products for three months prior to surgery and life long thereafter.
5. If you are not able to walk without the use of a wheelchair, cane, walker or other assistive device. If you use one of these devices occasionally, you must be able to participate in an exercise program.
6. No use of illicit drugs or alcohol on a daily basis.
7. Must not have a diagnosis of Schizophrenia, Crohn's Disease or Hepatitis C.

The forms included in your packet are very important and they ALL need to be filled out in detail and signed PRIOR to coming to your appointment. The forms will be collected upon your arrival. **If the forms are not filled out when you arrive, then you will be asked to reschedule your appointment for that day.**



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## Directions to Southern Surgical/Southern Surgical Bariatric Institute

### Coming from the West:

1. Take 264 East to Greenville, (264 becomes Stantonsburg Rd)
2. Turn right on Arlington Blvd
3. Turn left on Emerald Place
4. Southern Surgical and Southern Surgical Bariatric Institute will be on your right

### Coming from the South or East:

1. Take US 17 N to NC 43 (turns into S. Charles Blvd)
2. Turn left onto Greenville Blvd
3. Turn right onto E. Arlington Blvd
4. Turn right onto Emerald Place
5. Southern Surgical and Southern Surgical Bariatric Institute will be on your right

### Coming from the North:

1. Take Hwy 11 (turns into Memorial Blvd)
2. Turn right onto Stantonsburg Rd
3. Turn left onto Arlington Blvd
4. Turn left onto Emerald Place
5. Southern Surgical and Southern Surgical Bariatric Institute will be on your right

### Address:

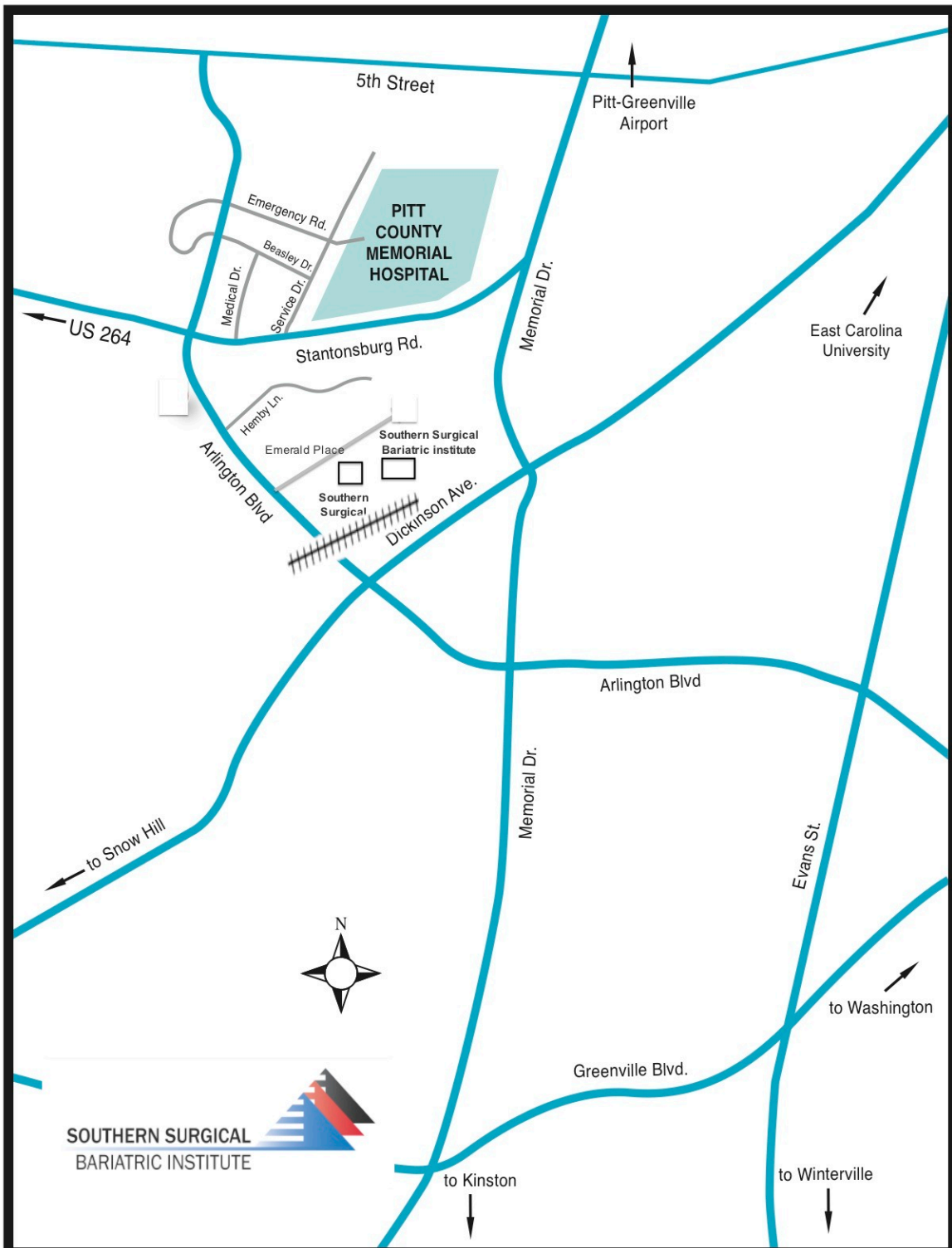
Southern Surgical  
2455 Emerald Place  
Greenville, NC 27834

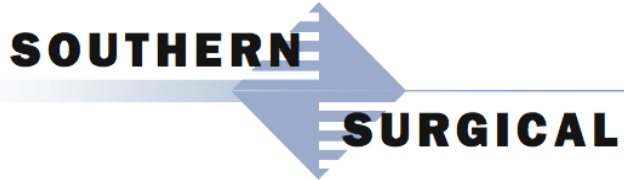
Southern Surgical Bariatric Institute  
2459 Emerald Place, Ste 100  
Greenville, NC 27834

**Contact Number:** (252) 758-2224

# SOUTHERN SURGICAL

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Chris Mann, MD

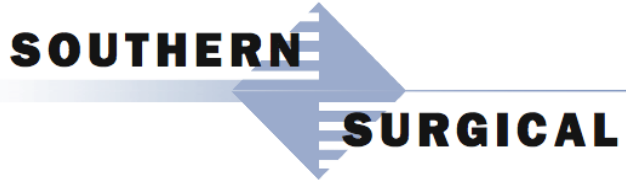
Julie Johannes, PA-C

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**Please be sure to sign  
and complete the  
following forms in  
detail and bring them  
ALL to your  
appointment  
(Seven total forms-  
page numbers 10-16)**

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**You will receive a copy of the  
forms you are signing at the  
education class for your records.**



Southern Surgical Associates, PA

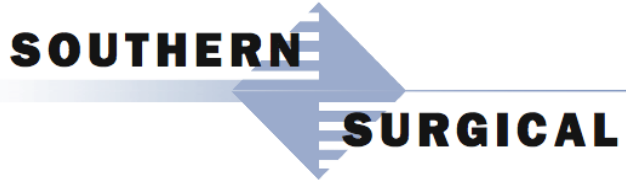
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**Weight Loss Attempts  
Diet/Weight loss Medication**

<b>Program</b>	<b># of Attempts</b>	<b>Year</b>	<b>Length of Time</b>	<b>Amount Lost</b>	<b>Amount Regained</b>
Weight Watchers					
Nutrisystem					
Jenny Craig					
TOPS					
Overeaters Anonymous					
Slimfast					
Medi-Fast					
Opti-Fast					
Alli					
Fen/Phen					
Redux					
Meridia					
Hypnosis					
Behavior Modification					
Psychotherapy					
Acupuncture					
Inpatient Weight Program					
Dietician					
Physician Supervised					
South Beach Diet					
Atkins Diet					
Low Calorie Diet					
Low Fat Diet					
Portion Control					
Fasting					
Richard Simmons					
Metabolife					
Herbal Life					
Other:					



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**Weight Loss Attempts  
Exercise**

<b>Program</b>	<b># of Attempts</b>	<b>Year</b>	<b>Length of Time</b>	<b>Amount Lost</b>	<b>Amount Regained</b>
<b>Aerobics</b>					
<b>Bicycling</b>					
<b>Gym Membership</b>					
<b>Jogging</b>					
<b>Swimming</b>					
<b>Personal Trainer</b>					
<b>Walking</b>					
<b>Weight Lifting</b>					
<b>Weight Training</b>					
<b>Home Equipment</b>					
<b>Workout videos</b>					
<b>Other:</b>					
<b>Other:</b>					
<b>Other:</b>					



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## **Information Regarding your Insurance and Bariatric Surgery**

Each insurance company has different requirements and policies regarding the coverage of Bariatric Surgery. Every company has an "Exclusion" section that explains what your policy will and will not cover. If your policy states that it excludes the surgical treatment of obesity, then it will not pay for the gastric bypass, the gastric band, or the sleeve gastrectomy or any pre-operative evaluation test or clinic visits associated with the surgery. You will need to check with your insurance company regarding coverage for Bariatric surgery and if any exclusion policies exist, prior to your first appointment with our office.

If an authorization is needed for your first visit with our office, it will be your responsibility to obtain this prior to that visit. You will also need to let our office staff know if you will need authorization for any pre-operative evaluation tests or appointments that will be scheduled with other physicians. If you do not notify our office staff about this authorization, then the scheduled appointment or test will not be covered by your insurance and you will be responsible for paying the bill.

If your insurance does not cover Bariatric surgery or you receive a denial from your carrier for the coverage of your surgery, then you have other options available so that you may have surgery with our practice. You can appeal the denial with your insurance company if they offer this. You may also pay out of pocket for the procedure. This option is available if you do not have insurance, if your surgery is denied by your insurance company or if Bariatric surgery is not a covered benefit by your company. The option to pay out of pocket is only available to patients who are having the gastric band procedure. Our office can provide more information to you about this option.

Our Patient Representative, prior to your surgery, will check your insurance financial benefits. All co-insurance amounts will need to be paid in full by you **PRIOR** to your surgery.

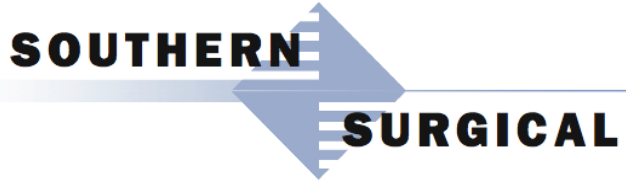
I have read the above information regarding insurance coverage for Bariatric surgery with Southern Surgical Associates, P.A. and understand my responsibility.

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(Date)

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(Patient)



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**INSURANCE VERIFICATION POLICY**

Insurance carriers may vary in their procedure coverage based on what is specified in your particular plan. Because of this degree of coverage variance, it is important that you contact your insurance company to determine what procedures will be covered.

The insurance company may need **CPT codes** to check for specific coverage. The **Diagnosis codes**, which may or may not be needed, for Morbid Obesity is 278.01 and for Pre- Procedural Examination is V72.83. You will need to contact EACH provider’s office to get those codes (for example EKG and cardiac stress test may be obtained from the cardiologist. You will be mailed the contact numbers for the provider office **after** you have attended class to be able to fill in the blanks.

You may not be scheduled for all of the tests listed below, but it is important that you verify if they will be covered or not because it is your responsibility to pay for things not covered by your insurance plan. This may be in the form of co-pays/co-insurance/deductibles. You will receive a copy of this form for your records at the educational seminar to complete this form if necessary.

Please contact your insurance company to verify the following coverage:

**CPT Codes**

Cardiac Evaluation	_____
EKG and Cardiac Stress Test if indicated	_____
Pulmonary Evaluation	_____
Sleep Study if indicated	_____
Endoscopy	_____43239_____
Psychological Evaluation	_____
Nutritional Evaluation	_____
Lap Gastric Bypass	_____43644_____
Lap Band	_____43770_____
Sleeve Gastrectomy	_____43775_____

You will also need to verify with your insurance company if a physician monitored diet and exercise program or any other special requirements are required for coverage of surgery. You will also be able to find this information in your medical policy for morbid obesity.

I understand that it is my responsibility to contact my insurance carrier to clarify the above information.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Fees for Endoscopy and Nutrition Evaluation**

All patients going through the Bariatric Program at Southern Surgical Associates will be scheduled for an endoscopy and nutrition evaluation as a part of their pre-operative evaluation for the Gastric Bypass, Sleeve Gastrectomy and Gastric Band. There will be fees that will need to be collected from you prior to your appointment for both of these evaluations.

**Endoscopy:**

The doctor fee for this evaluation is \$875.00. This is the total due if you do not have insurance. If you do have insurance, then our office will contact them to verify your financial benefits prior to scheduling your endoscopy. **You will be responsible for your co-insurance, co-pay or deductible PRIOR to your procedure.** Someone will be contacting you to notify you of the amount of your payment. *If you miss your appointment, we reserve the right to dismiss you as a candidate or charge a \$100 missed appointment fee.*

**Nutrition Evaluation in Greenville:**

You will be expected to pay \$85.00 for the class, \$125 for a one on one visit, at the time of your appointment for this evaluation. Information regarding this appointment will be mailed to you. Our office will schedule this appointment for you with Jennifer Elias, RD. This amount must be paid in full prior to your note being released to Southern Surgical.

**Nutrition Evaluation in Havelock:**

You will be expected to pay \$125 for this evaluation with Jamie Lynn Lewis, RD. She will contact you to let you know if your insurance will cover this appointment and with more details.

I understand the fees that I will be expected to pay for my endoscopy and nutrition evaluation as a part of my pre-operative evaluation for the gastric bypass, band or sleeve gastrectomy. I understand that if I cannot pay the fee for the endoscopy, then I will not be able to be scheduled for that appointment.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Southern Surgical Associates, P.A.

### Patient Registration Form

Last Name		First Name		MI	SSN
Date of Birth	Gender [ ] M [ ] F	Referring Physician		Email Address	
Mailing Address		City		State	Zip
Home Phone	Cell Phone	Employer		Work Phone (May we call you at work? Yes / No)	
Emergency Contact		Relationship		Phone	

### Insurance Information

Primary	Secondary
Insurance Company Name	Insurance Company Name
Policy Holder's Name	Policy Holder's Name
Policy Holder's Social Security Number	Policy Holder's Social Security Number
Policy Holder's Date of Birth	Policy Holder's Date of Birth
Policy Number	Policy Number
Group Number	Group Number

I hereby authorize my insurance benefits to be paid directly to Southern Surgical Associates, P.A. realizing that I am responsible to pay non-covered services. I also authorize the use and disclosure of my health information for purposes of treatment, payment, and healthcare operations. I hereby give consent to healthcare providers of Southern Surgical Associates, P.A. to evaluate and render medical treatment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

### Privacy Practice Acknowledgement

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
For Office Use Only

\_\_\_\_\_  
For Office Use Only

How did you hear about Southern Surgical Associates, P.A.?

\_\_\_\_\_

## Southern Surgical Associates, PA Medical History Form

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Insurance \_\_\_\_\_ **HT** **WT** **BMI** **IBW** *-For office use ONLY*

Primary Care Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_

**Current/Past Medical History:** Circle all that you have or have had in the past

<b>Cardio-Pulmonary:</b>	Asthma	High Blood Pressure	Sleep apnea with C-Pap or Bi-Pap	Venous Insufficiency	Heart Attack, Date _____
	PE/DVT				
	Emphysema	Heart Disease	COPD	Irregular heart beat	Shortness of Breath
	High Cholesterol	Sarcoidosis	CHF	Chest pain	Heart Murmur
<b>Gastrointestinal:</b>	Ulcer	Liver Disease	Reflux/ Hiatal Hernia	Barrett's Esophagus	Hepatitis _____
	Diverticulitis	Pancreatitis	Cirrhosis	IBS	Nausea/Vomiting
<b>Hematology:</b>	Anemia	Bleeding disorders	Use Blood Thinners: _____		
<b>Endocrine/Renal:</b>	Diabetes	Kidney Failure	Hypothyroid	Hyperthyroid	
<b>Muscular/ Skeletal:</b>	Fibromyalgia	Arthritis	Back Pain	Pain in weight bearing joints	Use cane/walker/wheel-chair
	Gout	Lupus			
<b>Neurological:</b>	Seizures, date _____		Migraines	Anxiety	
	Stroke, date _____		Depression	Bipolar	
<b>Cancer:</b>	Breast	Prostate	Colon/Gastric	Leukemia/ Lymphoma	Other _____
<b>GE:</b>	PCOS	Irregular Menses	Stress Incontinence	Infertility	

**Past Surgical History:** Circle all that you have had, list any other surgery you may have had.

Appendectomy	Colon Resection	Hemorrhoidectomy	Cardiac Cath	Tubal Ligation
Lap/Open Gallbladder	Hernia Repair	Cardiac Bypass _____yr	Hysterectomy	C-section
Nissen (reflux surgery)	Hip Replacement	Mastectomy	Cataract	Carpel Tunnel
Gastric Bypass	Knee Replacement	Tonsillectomy	Back Surgery	Other _____
CABG	Pace Maker	Defibrillator		

**ALLERGIES:** None Drug: \_\_\_\_\_ Reaction: \_\_\_\_\_

Name of Medication	Dosage/Frequency	Name of Medication	Dosage/Frequency

**Family History:** Please list any health problems, age, and if deceased, cause of death

Father: \_\_\_\_\_  
 Mother: \_\_\_\_\_  
 Brother: \_\_\_\_\_  
 Sister: \_\_\_\_\_

- Gastric Bypass
- Gastric Band
- Sleeve Gastrectomy
- Undecided

**Social History:** Please circle all that apply

Tobacco: Never Daily, Type and Amount \_\_\_\_\_ Quit, \_\_\_\_\_yr  
 Alcohol: Never Rarely Moderate Frequent  
 Street Drug Use: No Yes, Type/Frequency \_\_\_\_\_  
 Marital Status: Single Married Divorced Separated Widowed  
 Occupation: \_\_\_\_\_ Full-time Part-time

Please choose your surgeon:  
 Dr. Naziri  
 Dr. Mann

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_