

PART 2 (MUST BE COMPLETED BY ATTENDING PHYSICIAN, SOMEONE OTHER THAN BARIATRIC SURGEON OR HIS/HER ASSOCIATES):

Date: _____ **Member Name:** _____ **Member BCBS/INS ID#:** _____

Member Telephone: (home) _____ (work) _____ (cell) _____

Document adherence to a non-surgical weight loss program (e.g. dietary management, behavioral modification, and/or exercise) within two (2) years of request for surgery with participation for a minimum of 6 months:

List date and beginning weight: _____ Detail specifically what was being done for weight loss program:

Date and weight when non-surgical program ended : _____

Has this member been unable to achieve and / or maintain adequate weight loss (i.e. 10-percent of initial body weight) by conservative means? Circle response: YES NO

List Weights for the last five (5) years. At least one data set is required per year. (State of Tennessee members require the current weight and one year prior to document one full year.)

Current weight Date: _____ Height: _____ Weight: _____ BMI _____

Prior Year weight Date: _____ Height: _____ Weight: _____ BMI _____

Prior Year weight Date: _____ Height: _____ Weight: _____ BMI _____

Prior Year weight Date: _____ Height: _____ Weight: _____ BMI _____

Prior Year weight Date: _____ Height: _____ Weight: _____ BMI _____

List ALL of member's Past Medical history and current Diagnosis. _____

Please list current pertinent medications: _____

Please list pertinent labs, DME (C-Pap, etc) or testing as needed to support definition of Class 2 Obesity if needed:

Attending physician's name, address, telephone, and BCBS of TN provider number: _____

Attending physician's signature (Cannot be a Nurse Practitioner or Physician's Assistant)

Date: _____

I have reviewed this patient's clinical information and recommend that they have the requested Bariatric surgery. By signing this documentation, I attest that the information contained above is correct, to the best of my knowledge, and that clinical record substantiating this documentation are available for review, if requested.