



Mercy Bariatric Surgery Program: Patient Agreement

I, _____, understand and voluntarily agree with the following statements regarding my participation in the Mercy Bariatric Surgery Program.

MEMBERSHIP:

_____ I understand that bariatric surgery is an effective **tool** in weight loss management but requires active participation and membership in the Mercy Bariatric Surgery Program. Membership in the Mercy Bariatric Surgery Program is a life-long commitment and requires active participation in all aspects of the program. The Mercy Bariatric Surgery Program includes doctor's appointments, psychiatric appointments, dietitian appointments, support groups, and other recommended consultations **BEFORE** surgery as well as **AFTER** surgery to be as successful as possible in my weight loss journey.

PLEASE INITIAL IN THE GREY AREA.

APPOINTMENTS:

_____ I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team **BEFORE** surgery as well as **AFTER** surgery.

_____ I will notify the Mercy Bariatric Surgery Clinic staff if I will be unable to attend a scheduled appointment. Notification needs to be provided greater than 24 hours in advance. Failure to notify greater than 24 hours in advance will result in a NO SHOW.

_____ I understand that if I cancel an appointment or am asked to re-schedule an appointment related to arriving late for my appointment, same day visits are not re-scheduled.

_____ I understand that if I will be more than 10 minutes late to any scheduled appointment, I will be asked to reschedule. By rescheduling any appointment, LESS THAN 24 in advance may result in a NO SHOW.

_____ I understand that more than two (2) NO SHOW appointments will result in dismissal from the Mercy Bariatric Surgery Program.

_____ I will always treat the staff at the office respectfully. I understand that if I am disrespectful to staff or disrupt the care of other patients, I will be dismissed from the Mercy Bariatric Surgery Program. This includes patient messages.

_____ I will participate in ALL treatments that I am asked to participate in, or risk being dismissed from the Mercy Bariatric Surgery Program. This includes referrals based on the initial visit with Dr. Ahad. All referrals require a documented clearance from the specialist.

_____ I have been informed on how determination of a pre-op visit with the bariatric surgeon is achieved. Bi-monthly bariatric review, life-style modification, and weight loss goal(s).

Patient Name:

MRN#

DOB



MEDICATIONS:

I will take my medications and vitamin supplements as instructed. I understand by not following the program guidelines that it could have irreversible consequences.

I will notify the Mercy Bariatric team of all medications that I take, including all prescriptions medications, herbal supplements, and over the counter medications. Prior to visits I will review my medication list and make sure that it is up to date through My Chart.

I understand that it is my responsibility to inform the Mercy Bariatric Surgery Team if I have a prescription for a new medicine or begin taking a new medication.

MEDICAL/SURGICAL INFORMATION:

I will allow the Mercy Bariatric care team to speak to all other doctors or providers that I see for continuation of my medical care as necessary.

I will notify the Mercy Bariatric team of any new medical or surgical conditions that I may be diagnosed while in the Bariatric Program. (Pre- and Post-Op) Chronic Care Program

I understand that I am required to bring my Bariatric Binder monthly to each visit.

I understand that I am responsible for tracking my progress regarding program requirements, life-style modification, and weight loss.

I understand that I am expected to complete bariatric educational modules and complete follow-up quizzes.

SUBSTANCE ABUSE:

I understand that I must remain smoke free, tobacco free, and unable to use vapors while in the Mercy Bariatric Surgery Program and for life after. I acknowledge by not remaining smoke-free post-operatively this could lead to serious health complications.

I verify that I have been smoke free, tobacco free, and have not used vapors within (1) year prior to entering the Mercy Bariatric Surgery Program.

SUBSTANCE ABUSE:

I verify that I do not participate in illicit substance use.

I understand that I may be subjected to random drug, alcohol, or tobacco screening at any time prior to surgery and/or after surgery. Failure to comply with requested and ordered screenings, will result in dismissal from the Mercy Bariatric Surgery Program.

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DOB



DIETARY:

I understand that I will be responsible for keeping track of my daily food and drink intake via [BARITASTIC app](#). These records will be reviewed and added to your medical record monthly. Less than 50% documentation x 3 months will result in dismissal from the program. *(Accommodations can be made for those without access to smart devices)*

I understand that failure to comply with consistent food and drink intake journaling may result in dismissal from the Mercy Bariatric Surgery Program.

I understand that I am responsible for identifying goals monthly with the dieticians.

I understand that I am to bring the Bariatric Binder monthly to each visit.

I understand that I am responsible for completing bariatric educational modules and completing follow-up quizzes.

FINANCIAL RESPONSIBILITIES: (Financial Navigator) 1(319)-369-4520

I understand that I am responsible for notifying the Mercy Bariatric Surgery Program staff of any changes in insurance policy or coverage as well as the Financial Navigator

I understand that bariatric surgery is an elective procedure and that I am responsible for all costs that are not covered by my medical insurance.

I understand that if I have questions about my financial responsibilities, I can contact the Bariatric Financial Navigator.

I understand that I will be required to pay in advance for any services that are identified as non-covered by my insurance. If unable to pay in advance, my services may be rescheduled.

I understand that I am expected to pay 50% of my estimated out of pocket responsibility (30) thirty days prior to my scheduled surgery. Absent this payment, my surgery may be cancelled or re-scheduled later.

INTENT:

I understand that I must declare my intent on continuing my weight loss journey with the Mercy Bariatric Surgery Program within 6 months of my initial consult.

I understand that I have the option to discontinue the Mercy Bariatric Surgery Program at any time with the option to rejoin (3) three months from the date of withdrawal. I also understand re-admission is contingent upon adherence to this agreement.

I understand that if I do withdrawal from the program, diagnostic studies, labs, referral(s) may need to be re-done if re-admission is not completed within a year.

I understand that it is my responsibility to inform the Bariatric Program Coordinator if I choose to discontinue my participation or place my participation on hold and rejoin later.

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DOB



INTENT:

_____ I understand, failure to notify the Bariatric Program Coordinator of request for withdrawal and NO SHOW for appointments will result in a dismissal from our program via certified letter.

_____ I understand that I am required to attend (1) Bariatric Support Group prior to bariatric surgery.

WEIGHT LOSS:

_____ I understand that I am expected to lose weight while in the Mercy Medical Center Bariatric Surgery Program. The goal is to lose 10% of my initial program start weight.

_____ I understand that I will be dismissed from the program if I am unable to lose weight within 6 months of participating in the Mercy Medical Center Bariatric Surgery Program.

_____ I understand that I will be dismissed from the program if I am unable to make the lifestyle changes needed to be successful after bariatric surgery.

_____ I understand that the way that I can show progress and lifestyle changes while in the Mercy Medical Center Bariatric Surgery Program is by weight loss and completing your Baritastics food records with a goal of 80% or greater each month.

_____ I understand that bariatric surgery is NOT a guarantee of actual weight loss.

Name: (print) _____ Signature: _____

Date: _____ Time: _____ Initials: _____

Witness: _____

AGREEMENTS MUST BE TURNED BACK IN WITHIN 30 DAYS OF ADMISSION INTO THE PROGRAM.

Patient Name:

MRN#

DOB