

MLMIC Insurance Company

SUPPLEMENTAL APPLICATION FOR BARIATRIC SURGERY

Applicant's Name: _____

1. Please list the type and number of Weight Loss Surgery (WLS) procedures you have performed in past 2 years

Procedure	Yes	No	Number
Open Gastric Bypass Roux-en-y (RYGB)			
Open Gastric Bypass Long Limb Roux-en-y (>150 cm)			
Lap Gastric Bypass Roux-en-y (RYGB)			
Lap Gastric Bypass Long Limb Roux-en-y (>150 cm)			
Biliopancreatic Bypass			
Biliopancreatic Bypass with Duodenal Switch			
Laparoscopic Adjustable Gastric Banding (LAGB)			
Vertical Banded Gastroplasty			
Others not listed above:			

2. Please list the hospitals at which you have WLS privileges or where you intend to request privileges and perform WLS:

3. Please state the names of the bariatric surgeons who cover for you and their qualifications:

Your experience, qualifications and privileges:

	Yes	No	Number (if applicable)
I am Board certified by the American Board of Surgery or Board eligible (provide appropriate letter)			
I have full credentials to perform GI and biliary surgery			
I am working within an integrated program for morbidly obese patients that includes ancillary staff, as well as prevention, monitoring and management of complications			
A follow-up 5-year patient care program is in place for all of my patients			
My current WLS privileges include:			
③ Provisional open privileges			
③ Provisional laparoscopic privileges			
③ Full open privileges			

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	Yes	No	Number (if applicable)
③ Full laparoscopic privileges			
③ No WLS privileges at this time			
I have successfully completed a fellowship or preceptorship in an established Weight Loss Surgery program			
During my fellowship or preceptorship, I performed at least 24 procedures			
I have completed at least 10 open WLS procedures while proctored by a surgeon with full privileges for open WLS			
I have completed at least 25 laparoscopic procedures while proctored by a surgeon with full privileges for laparoscopic WLS			
A committee consisting of Chief of Surgery, an experienced (>100) WLS, members of QA & credentialing committees has reviewed 15 of my independently performed WLS procedures, and found (please answer as to each):			
③ Substantial deviations with actual or potential threats to patient safety			
③ Substantial variations with no threats to patient safety			
③ No substantial deviations			
Number of primary or revisional procedures I performed in the past 2 years			
Number of CME in WLS earned in past 2 years			

4. Questions about the hospitals in which you perform or intend to perform WLS:

	Yes	No
The hospital maintains full JCAHO accreditation.		
The hospital employs a Bariatric Surgery Program Coordinator.		
The hospital provides or sponsors educational programs for surgical candidates.		
The hospital has availability 24/7/365 of:		
1. Anesthesiologist with experience with morbidly obese patients		
2. Critical care specialist		
3. Bariatric surgeon (primary and backup)		
4. Interventional radiologist		
5. Appropriate consultants in		
o Cardiology		
o Infectious disease		
o General surgery		
o Pulmonology		
o Psychiatry		
o Gastroenterology		
The hospital has specialized equipment designed to manage the morbidly obese patient.		
The hospital maintains a clinical outcomes registry that tracks procedures, complications, morbidity and mortality.		
The hospital is equipped to manage WLS patients who return to the Emergency Room following surgery with a complication.		