

If you are requesting a BARIATRIC SURGERY EVALUATION thru “THE PSYCHOLOGY CENTER, INC” HERE ARE SOME IMPORTANT THINGS FOR YOU TO KNOW:

1. WE appreciate this opportunity to serve you. You will be required (by your ins co) to pay any copays or deductibles used by your insurance plan regardless of the insurance plan you are using.
2. Otherwise, your insurance plan benefits will be applied toward all other costs but NOTE that there is no guarantee of complete coverage for elective surgeries and these additional expenses would then remain your responsibility.
3. Because the surgical improvements you are seeking can entail some serious changes for you - both physically, emotionally, and in your relationships –your overall suitability for this procedure must be carefully evaluated by our Doctor.
4. Please plan to have a MINIMUM of 3-5 treatment sessions which will include diagnostic and assessment protocols as well as a complete discussion of your situation and your expectations. The more complete your assessment the more likely we can help you find a favorable outcome.
5. A written report with recommendations will be prepared and shared with you (if you wish) and forwarded to your medical doctors for a final decision about if and when your procedure can be scheduled.
6. Please allow TIME for your report to be prepared and sent to your medical doctor. If a tentative date for your surgery has already been set by your surgeon, please mention this date at your first session with us.
7. The COST for your report and its’ preparation will be billed to your insurance plan but may NOT be covered. Therefore, the total cost of your evaluation, all sessions (including missed sessions), and your written report MUST be paid before your evaluation can be released.
8. Finally, your Doctor may strongly advise that you follow the report recommendations to meet with us again AFTER your recovery for a MINIMUM of 2-3 therapy sessions to review your outcome and any lifestyle or relationship issues or eating habits that could sabotage your recovery. That is a small price to pay after all you will have been thru.....and you might even enjoy the experience!

Client Signature _____ Date _____

Date of procedure (if known) _____

Name of medical doctor(s) performing the procedure and Clinic name (or give us their business cards for all contact info

which may be needed later):

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