

# Lap-Band Patient Packet



J. CLAY WELLBORN, JR., M.D.  
BARIATRIC & GENERAL SURGERY

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Dear Prospective Patient:

Thank you for considering Dr. Clay Wellborn to help you take control of obesity and your life. Our highly trained team is committed to providing the highest level of patient care every step of the way. Dr. Wellborn was the first surgeon in Little Rock to offer the Lap-Band system and has done more than 3000 Lap-Band® procedures. He has been doing Bariatric Surgery since his residency and has done more than 5,000 weight loss surgeries. He is board certified and holds active memberships with American Society for Metabolic and Bariatric Surgery and the Arkansas Medical Society, and is a clinical instructor teaching residents from UAMS.

If you have tried non-surgical weight loss therapies without success, weight loss surgery may be your solution. Studies demonstrate that weight loss surgery yields the longest period of sustained weight loss in patients who have failed other non-surgical therapies. For best results, we have found patients need to actively participate in a multi-disciplinary weight loss program, which includes nutritional, emotional and exercise components.

If you are interested in having Lap-Band surgery, please read the materials provided in this packet and complete the enclosed Patient Worksheet. Once you have completed the forms, make a copy for yourself and mail or fax to the address at the top of this letter. Please note that this is not an overnight process, as it requires steps that involve multiple parties. We will make every effort to expedite this process for you, and we ask that you do not make unnecessary phone calls to inquire about your case status.

In the meantime, you can begin taking positive steps toward your post-surgical success. Read the literature provided on the Web site. Refer to the checklist included in this packet and make sure everything is completed before we see you in the office. The more information you provide us with, the easier it will be for us to obtain authorization from your insurance company for your surgery.

We look forward to helping you achieve your health goals.  
Sincerely,

J. Clay Wellborn, Jr., M.D.

And office staff:

Bonnie Malzewski, ext. 106

Leslie Beckham, ext. 108

Nicole Rucks, ext. 110

Shannon McLendon, ext. 111

Jamie Calvert, ext. 100

# Patient Profile

Please print all information and provide as much detail as possible. We can't work with incomplete forms.

## Personal Information

Last Name \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Race** (check one)  White  African American  American Indian  Pacific Islander  Hispanic  Other

**Marital Status** (check one)  Married  Single  Divorced  Widowed  Partnered

**Occupation** (check one)  Full Time  Part Time  Retired  Self-Employed  Homemaker  Student  Disabled  Unemployed

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Home  
E-mail \_\_\_\_\_

## Contact Persons

Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Pharmacy (information is mandatory)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

How did you hear about our program?  MD  TV  Radio  Word of Mouth  Newspaper  Internet  Patient Referral

If Patient Referral, who can we thank? \_\_\_\_\_

## Referral Information

**Primary Care Physician** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Specialty Physician** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Insurance Information

**Primary Insurance Company** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Subscriber's Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy I.D. # \_\_\_\_\_ Group I.D. # \_\_\_\_\_

**Secondary Insurance Company** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policy I.D. # \_\_\_\_\_ Group I.D. # \_\_\_\_\_

I hereby assign insurance benefits to Dr. J. Clay Wellborn. I understand that I am financially responsible for any charges that are NOT covered by insurance. Should the account become delinquent, I understand that I am responsible for all finance charges, legal fees, court costs and collection agency fees charged as a result of any collection activity. I hereby authorize Dr. Wellborn to release my medical records or other information needed for my medical information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Co-Pay must be paid at time of service.**

# History and Physical

Please complete the form with as much detail as possible.

Name \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ B/P \_\_\_\_\_

## Weight Loss History

Please fill in the blanks and check the appropriate boxes below.

**Volume Eater**

I consume larger amounts of food, especially foods I enjoy. I enjoy sweets as well but only snack or stress-eat occasionally.

**Sweets-Eater**

I prefer foods high in sugar (i.e. candy, cookies, etc.) I will eat less of normal food to save room for sweets. I drink non-diet beverages or sweetened liquids as well. I eat snack and stress-foods predominantly high in sugar.

**Snacker**

I don't eat regular meals. I frequently eat fast food and select foods high in calories (high fat and high-carb). I eat between meals and I am not generally hungry at meals. I am seen to be constantly "looking" for food. I eat even when I'm not really hungry.

How long have you been at your present weight? \_\_\_\_\_ What did you weigh 5 years ago? \_\_\_\_\_

Please fill in the blanks and check the appropriate boxes below.

Weight at High School graduation \_\_\_\_\_

I have been 100 lbs. overweight since \_\_\_\_\_

Weight before pregnancy \_\_\_\_\_

I have been 50 lbs. overweight since \_\_\_\_\_

Weight after pregnancy \_\_\_\_\_

Weight at age 35 \_\_\_\_\_

Weight at age 45 \_\_\_\_\_

**I have been considered overweight since:**

- Childhood
- Puberty
- Pregnancy
- Age 30 or after

**Pattern of weight gain:**

- I gained weight slowly.
- I gained weight rapidly and was unable to lose it.
- I have tried to lose weight many times but regain it.

**Majority of weight gain began:**

- As a teen
- In early 30s
- In early 40s

**Weight Loss Programs:** Please check all the weight loss programs/methods that you have tried in the past.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1200 Calorie Diet | <input type="checkbox"/> Acupuncture          | <input type="checkbox"/> Aerobic Classes       |
| <input type="checkbox"/> Amphetamines      | <input type="checkbox"/> Atkins               | <input type="checkbox"/> Body Solutions        |
| <input type="checkbox"/> Cabbage Soup      | <input type="checkbox"/> Calorie Counting     | <input type="checkbox"/> Cambridge             |
| <input type="checkbox"/> Christian Based   | <input type="checkbox"/> Curves for Women     | <input type="checkbox"/> Cutting back portions |
| <input type="checkbox"/> Dexatrim – no MD  | <input type="checkbox"/> Diabetic Diet        | <input type="checkbox"/> Diet Pills            |
| <input type="checkbox"/> Diet Center       | <input type="checkbox"/> Diet Patch           | <input type="checkbox"/> Dietician             |
| <input type="checkbox"/> Exercise          | <input type="checkbox"/> Fat Burner           | <input type="checkbox"/> Grapefruit Diet       |
| <input type="checkbox"/> Green Tea         | <input type="checkbox"/> Health Club/Gym      | <input type="checkbox"/> Heart Smart Diet      |
| <input type="checkbox"/> Herbal Life       | <input type="checkbox"/> High Protein         | <input type="checkbox"/> Hollywood Diet        |
| <input type="checkbox"/> Hypnosis          | <input type="checkbox"/> Jenny Craig          | <input type="checkbox"/> LA Weight Loss        |
| <input type="checkbox"/> Lean Cuisine      | <input type="checkbox"/> Life Steps           | <input type="checkbox"/> Low Calories Diet     |
| <input type="checkbox"/> Low Carb Diet     | <input type="checkbox"/> Low Fat Diet         | <input type="checkbox"/> Mayo Clinic           |
| <input type="checkbox"/> MD Opti-fast      | <input type="checkbox"/> MD Supervised Diet   | <input type="checkbox"/> Meridia               |
| <input type="checkbox"/> Metabolife        | <input type="checkbox"/> Nutri-Systems        | <input type="checkbox"/> Opti-fast             |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Overeaters Anonymous | <input type="checkbox"/> Phen-fen              |
| <input type="checkbox"/> Pondimin          | <input type="checkbox"/> Prism                | <input type="checkbox"/> Psychotherapy         |
| <input type="checkbox"/> Redux             | <input type="checkbox"/> Relacore             | <input type="checkbox"/> Rice Diet             |
| <input type="checkbox"/> Richard Simmons   | <input type="checkbox"/> Scarsdale            | <input type="checkbox"/> Slim Fast             |
| <input type="checkbox"/> South Beach Diet  | <input type="checkbox"/> Stacker 2            | <input type="checkbox"/> Starvation Diet       |
| <input type="checkbox"/> Subliminal Tapes  | <input type="checkbox"/> Subway Diet          | <input type="checkbox"/> Sugar Busters         |
| <input type="checkbox"/> Susan Powers      | <input type="checkbox"/> TOPS Diet            | <input type="checkbox"/> Trim Spa              |
| <input type="checkbox"/> VCR Tapes         | <input type="checkbox"/> Weight Loss Clinic   | <input type="checkbox"/> Weight Watchers       |
| <input type="checkbox"/> Xenadrine         | <input type="checkbox"/> Xenical – MD         | <input type="checkbox"/> Zantrex – 3           |
| <input type="checkbox"/> Zenadrine         | <input type="checkbox"/> Zenical 70           | <input type="checkbox"/> Zone                  |

**Social Profile**

**Do you smoke or use tobacco?**

- Yes
- No

**If yes, how much do you smoke?**

- ½ pack/day
- 1 pack/day
- 2 packs/day

**Do you drink alcohol?**

- Yes
- No

**If yes, how much do you drink?**

- Daily
- Socially
- Occasionally

**Do you have any pets?**

- Yes
- No

**Family Structure:**

- Married
- Divorced
- Single
- Partner/Relationship

# Co-Morbidities

Check the appropriate responses for any co-morbidities you have.

## Diabetes:

- Borderline or chemical
- Controlled with oral medication
- Poorly controlled
- Gestational

## Hypertension:

- Borderline
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

## Hypercholesterolemia:

- Borderline, but not on medication
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

## Hyperlipidemia:

- Borderline, but not on medication
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

## Esophageal Reflux (GERD):

- Borderline, occasionally if I overeat
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

## Asthma:

- Borderline as a child, but not since
- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

## Congestive Heart Failure:

- Controlled with medication
- Poorly controlled
- Progressively more difficult to control

## Arthritis:

- Painful and/or swollen joints
- Ankles
- Knees
- Hips
- Back
- Neck
- Feet
- Shoulders
- Rheumatoid
- Post-Traumatic
- Degenerative (osteoarthritis)

## Degenerative Arthritis:

- Progressively worsening
- Taking medications
- Previous surgery
- Need surgery, but must lose weight first

## Obstructive Sleep Apnea:

- On CPAP/BiPAP

## Poly-Cystic Ovarian Syndrome:

- Infertility
- Irregular Periods

## Stress Incontinence:

- Yes
- No

## Heart Disease related to weight:

- Yes
- No

## I have or have been observed to:

- Snore
- Awaken easily
- Have vivid dreams
- Have a hard time staying up past 8 p.m
- Fall asleep in mid-afternoon
- Wake up feeling unrested
- Breath funny, or stop breathing while asleep

# Medical History

Please check all medical conditions you have or have had throughout your lifetime.

## Angina:

- Stable
- On medication

## Hypertension:

- Borderline
- On medication

- Anemia
- Congestive Heart Failure
- COPD

## Arthritis:

- Back
- Hips
- Knees
- Ankles
- Feet
- Shoulders

## Obstructive Sleep Apnea:

- CPAP
- BiPAP

## High Cholesterol:

- On medication
- Yes, but not on medication

- High Lipids
- Heart Attack
- Stress Incontinence

## Diabetes:

- Borderline
- Diet controlled
- On medication
- Insulin
- Well-controlled
- Poorly controlled

- Gastroesophagealreflux
- Fatty Liver

## Hepatitis:

- A
- B
- C

- Deep Venous Thrombosis (blood clot in legs)

## Asthma:

- On medications
- Inhalers
- Steroids

- Venous Insufficiency
- Rapid/Irregular Heart Rate
- Mitral Valve Prolapse

## Thyroid Problems:

- High
- Low

## Gynecologic Problems:

- Infertility
- Irregular periods
- Heavy period

- Pulmonary Embolus (blood clots in lungs)

- Kidney Disease

## Anesthetic Problems:

- Vomiting
- Nausea
- Slow to wake
- Difficulty breathing

- Bleeding problems:  
Details \_\_\_\_\_

- Post-surgery infection:  
Details \_\_\_\_\_

- Blood Clots (phlebitis):  
Year \_\_\_\_\_

- Blood Clots to Lungs (Pulmonary Embolus):  
Year \_\_\_\_\_

- Other \_\_\_\_\_

# Exercise

Check the boxes below that reflect the amount of exercise you do for each activity.

**I walk:**

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

**I do aerobics:**

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

**I bicycle:**

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

**I lift weights:**

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

**I swim:**

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

**I engage in \_\_\_\_\_:**

- Daily
- 3-4 times/week
- 1-2 times/week
- Rarely
- Never

# Family History

Fill in the spaces with the appropriate information. If family member is not living, please indicate age at death.

Medical Condition	Father	Mother	Siblings	Aunts/Uncles
Diabetes				
Hypertension				
Early death from cardiovascular disease				
Stroke				
Heart attack				
Cancer				
Obesity				
Cardiovascular disease				
High cholesterol				



# Allergies

Check all medications, food and other allergies you have.

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Aspirin               | <input type="checkbox"/> Demerol     |
| <input type="checkbox"/> Penicillin            | <input type="checkbox"/> Hydrocodone |
| <input type="checkbox"/> Keflex                | <input type="checkbox"/> Tape        |
| <input type="checkbox"/> Ibuprofen             | <input type="checkbox"/> Latex       |
| <input type="checkbox"/> Tetracycline          | <input type="checkbox"/> Shellfish   |
| <input type="checkbox"/> Erythromycin          | <input type="checkbox"/> Sulfa       |
| <input type="checkbox"/> Darvocette            | <input type="checkbox"/> X-Ray dye   |
| <input type="checkbox"/> Codeine               | <input type="checkbox"/> Betadine    |
| <input type="checkbox"/> Morphine              |                                      |
| <input type="checkbox"/> Other allergies _____ |                                      |

# Review of Systems

Check all below conditions you may have.

## Constitutional:

- Fever
- Chills
- Night Sweats
- Loss of appetite
- Weight loss (recent or 6 months)
- Weight gain (recent or 6 months)

## Ears:

- Hearing loss
- Dizziness
- Ringing in ears

## Eyes:

- Recent visual changes
- Nearsighted
- Double vision
- Cataracts
- Glaucoma

## Nose:

- Frequent nose bleeds
- Sinus problems
- Runny nose

## Mouth:

- Sore tongue
- Bleeding gums
- Dental problems
- Toothache

## Throat:

- Hoarseness
- Difficulty swallowing
- Goiter
- Swollen glands
- Frequent sore throats
- Morning cough

## Breasts:

- Masses
- Tenderness
- Discharge from nipple
- Fibrocystic disease of breast

## Cardiovascular:

- Angina
- History of heart attack
- Rapid heart rate
- Chest pain
- Palpitations (fluttering in chest)
- Bad heart valve
- History of myocardial infarction
- Short of breath with exertion
- Sleeps on pillows; number
- Leg swelling
- Shortness of breath or after minimal exertion
- Echocardiogram
- Stress test
- Heart cath
- Get up at night to urinate; number of times
- Pain in calf when walking

**Respiratory:**

- COPD
- Asthma
- Bronchitis
- Persistent cough:
  - At night
  - Morning
  - Productive cough
  - White mucous
  - Green mucous
  - Yellow mucous
- Cough up blood
- Wheezing
- Pulmonary embolus
- Emphysema
- TB

**Gastrointestinal:**

- Nausea
- Solid foods sticks in throat
- Diarrhea
- Constipation change in bowel habits
- Diverticulitis
- Esophageal spasms
- Esophageal reflux
- Liquid comes up when bending over
- Hemorrhoids
- Black, tarry stools
- Bright red blood per rectum
- Throwing up blood
- Jaundice
- Hepatitis:
  - A
  - B
  - C
- Ulcers
- Polyps
- Inflammatory bowel disease
- Esophageal motility disorder
- Vomiting
- Wake up choking
- Difficulty swallowing liquids
- Fatty food intolerance
- Irritable bowel or spastic colon
- Pain or bloating in upper abdomen after meals

**Musculoskeletal:**

- Low back pain
- Sciatica
- Joint pain
  - Foot pain
  - Knee
  - Hip
  - Ankle
  - Shoulder
  - Hand
- Joints swelling
- Neck pain
- Radiation of pain from neck to arms or hands
- Radiation of pain from back to legs or feet
- Arthroscopic surgery
- Carpel tunnel
- Rheumatoid arthritis
- Degenerative arthritis
- Trauma (broken bones)

**Genitourinary:**

- Frequency
- Hard to start
- Get up to urinate at night
  - 0-1 times
  - 1-3 times
  - 3+ times
- Pain when urinating
- Frequent urinary tract infections
- Lose urine when cough, laugh, or strain
- Kidney failure
- Blood in urine
- Kidney stones
- Prostate problems

**Gynecological:**

- Heavy periods
- Irregular periods
- Abnormal pap smear
- Pelvic infections
- Discharge
- Fibroids
- Painful periods
- Ovarian cysts
- Infertility
- Endometriosis



# Records Release Authorization



J. CLAY WELLBORN, JR., M.D.  
BARIATRIC & GENERAL SURGERY

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I hereby authorize and request that medical records be released to the following person:

Dr. J. Clay Wellborn, Jr.,  
#1 St. Vincent Circle, Suite 320  
Parkview Building  
Little Rock, AR 72205  
Phone 501.663.9600  
Fax 501.663.0465

Start date of requested records \_\_\_\_\_ to Present date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Thank You For Your Cooperation,

J. Clay Wellborn, Jr., M.D.  
General and Bariatric Surgery

# For Primary Care Physician



J. CLAY WELLBORN, JR., M.D.  
BARIATRIC & GENERAL SURGERY

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**The patient below is being evaluated for an adjustable gastric banding procedure (Lap-Band), which is a weight reduction surgery. Below is a list of labs and documentation that are needed for further evaluation. Please fax all information to the Wellborn Clinic as soon as possible; 501.663.0465. We appreciate your referral.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Labs: DX 278.01 (Morbid Obesity)

- CBC
- Comprehensive metabolic profile
- Thyroid panel (T3, T4, and TSH)
- If diabetic, hemoglobin A1C.
- 30-minute post-prandial blood sugar (if not diabetic)
- Letter of recommendation/ medical necessity from primary care doctor (insurance patients only)
- Two full years** of clinical progress notes, for any reason, but especially documenting obesity, weight loss attempts and co-morbidities. (Documented physician-supervised diets are very important for insurance approval. Check your insurance for exact requirements.)

Thank you for your help in this matter. If you have any questions, please feel free to contact my office.

J. Clay Wellborn, Jr., M.D.  
General and Bariatric Surgery

# Sample Letter



J. CLAY WELLBORN, JR., M.D.  
BARIATRIC & GENERAL SURGERY

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**Referring Physician: Please rewrite this letter on your letterhead and complete the parenthesis fields with information specific to your patient, then fax the letter to the Wellborn Clinic.**

(Date)

Dr. James Clay Wellborn, Jr.  
#1 St. Vincent Circle, Parkview Bldg #320  
Little Rock, AR 72205

RE: (patient name)

Dear Dr. Wellborn:

(Patient's name and age) has been under my care for ( \_\_ ) years. (He/She) suffers from morbid obesity complicated by associated co-morbidities (obstructive sleep apnea, hypertension, NIDDM/IDDM, hyperlipidemia, hypercholesterolemia, degenerative arthritis, GERD, stress incontinence, cardiorespiratory insufficiency, Pickwickian Syndrome).

Due to weight, these conditions are becoming progressively less manageable or unmanageable through medicine alone. The patient has tried numerous times to lose weight on my recommendation without any success for the last ( \_\_ ) years. Methods include: (diets, exercise programs where appropriate, pharmacotherapy – please document dates and methods, especially recent [six-months to one-year] efforts. Please list on the back of this letter or on a separate form as this will help with insurance approval).

It is my opinion that weight loss surgery is medically necessary as the only option to effectively treat (his/her) morbid obesity and its associated co-morbidities, which cannot be effectively managed without weight reduction.

Sincerely,

(Physician's name)

# Medical Information Disclosure Notice

This notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

## Uses and Disclosure

Our practice collects personal health information about you that may be used for four primary purposes:

### **Treatment**

For example, we will prepare a record of information each time we see you in or out of the office while you are under our care. This medical record is used to keep track of changes in your condition as well as remind us of your past care, treatment, allergies and other facts relevant to your overall health. This information may be passed on to other providers as part of coordinated health care program for you.

### **Payment**

We must report elements of your personal health information — such as specific treatments visits, tests and surgeries — along with related diagnosis to third-party payers so they may properly determine benefits payable on your behalf for our services. We only report the minimum necessary information to process the claim.

### **Health Care Operations**

In order to provide you with high-quality health care, we often need to be able to use your personal health information for purposes such as pre-registering you at the hospital. Again, we are committed to using the minimum necessary information to achieve these purposes.

### **BOLD: Bariatric Outcomes Longitudinal Database**

A research study being conducted by East Carolina University and Surgical Review Corporation. The study is about bariatric (weight loss) surgery. Before agreeing it is important that you read and understand the available information. Taking part in the research study is voluntary. If you decide not to take part in the study you will not be penalized or lose any benefits. You can still have surgery. You may stop taking part of the study at any time with a written request without penalty. A copy of full disclosure is available at your request. Your signature on the following page signifies your agreement.

In addition, we will use or disclose your personal health information under the following circumstances:

- When we receive a valid authorization from you
- If you give us an oral authorization

## Required Disclosures

We are required to disclose the information to you if you request it and we are required to disclose the information to the US DHHS for compliance determinations of this practice. We may disclose information about you without your authorization for the following reasons:

- When required by law, for judicial proceedings or law enforcement
- When required by law for public health agencies
- For workers compensation
- For uses and disclosures about descendants
- Uses and disclosures for cadaver tissue donation
- To avert a serious threat to public health or safety
- For disclosures about abuse or neglect or domestic violence

# Insurance Information

Insurance is strange regarding coverage of weight reduction surgeries. In general things to look for in your policy are exclusions and benefit limitations for weight loss surgery. **Some plans— particularly HMO's, exclude obesity surgeries even in patients with life threatening disorders, and they make NO exceptions.** Usually in these cases— even with help from an attorney—it is nearly impossible to deal with policies that have exclusions regarding the treatment of obesity, even if it is a clear-cut case of medical necessity.

The most important aspect of the prior authorization process is to know and understand your individual insurance policy. You must check to ensure there are no exclusions, and to determine the criteria for medical necessity. In general, our office can assist you with the determination of medical necessity as well as file the documentation required for prior authorization and pre-certification. Please understand that insurance companies require both in some situations and that these two things are NOT the same.

Please realize that the process to get your surgery approved (any insurance) takes time. Do not expect your surgery to be scheduled within the month you were seen in consultation. The Wellborn Clinic normally schedules four to six weeks out. If there are cancellations in the schedule, we will call those patients who have already received their prior approval to let them know of the available earlier option. We will not begin the prior authorization process until all information needed is in our office, and / or we have seen you in consultation.

Please understand that this is a time-consuming process. If we work together we can make a smooth transition toward our goal. If you must check on your approval process, please call your insurance company before calling us. We will call you when we have a determination in our office. Please try to limit phone calls (for scheduling information or approvals) to once a week. E-mail us at any time and we will get back to you as quickly as possible.

Due to the increasingly difficult and time-consuming process of getting your approval from your insurance company, there is now a \$275 insurance processing fee. This fee must accompany your patient packet when you submit it. If you fax your packet, we can contact you for credit card information. **This is a non-refundable fee.** It does remain your responsibility to contact your insurance company and complete the questionnaire in the packet. All your required insurance criteria will still need to be provided to us by you. We will assist you as much as possible in obtaining your approval. This fee applies if you are in-network or out-of-network. If you are approved, this fee will apply to your initial office visit. If you are denied, please understand there is no refund. If we process your insurance and the insurance responds that there is an exclusion in your policy, there is still no refund.

Thank you so much for working with us.

Shannon, ext 111, Shannon\_drwellborn@msn.com

# Insurance Questionnaire

**Important! Please use this form when calling your insurance company. Ask ALL questions and fill in all spaces as you talk with your insurance care specialist. Return this form to us with your patient information and obesity data. This way we all know what you need in order to get your surgery considered for coverage.**

Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Phone Number I Called \_\_\_\_\_

Name of the Customer Service Representative \_\_\_\_\_

Call Back Number for Customer Service Representative \_\_\_\_\_

## Questions I Need to Ask:

1. Is there an exclusion for morbid obesity in my insurance policy? \_\_\_\_\_

2. Is morbid obesity (dx code: 278.01) a covered benefit in my policy? \_\_\_\_\_

3. What is my benefit level for the treatment of morbid obesity up to and including surgery. (Is it 80/20? 60/40?)  
In network benefit level \_\_\_\_\_  
Out of network benefit level \_\_\_\_\_

4. Is CPT CODE 43770 for Lap-Band® surgery a covered benefit? \_\_\_\_\_

5. Is CPT CODE 43846 for Gastric Bypass surgery a covered benefit? \_\_\_\_\_

6. Is Dr. James Clay Wellborn Jr. a covered specialist in your insurance network? \_\_\_\_\_

7. What hospital do I need to go to for surgery? \_\_\_\_\_

8. What criteria must be met for approval? \_\_\_\_\_

9. Do I need a psychiatric evaluation? \_\_\_\_\_

10. Do I need a dietary consultation prior to final approval? \_\_\_\_\_

11. Do I need chart notes of supervised dietary attempts and a letter from the physician who followed me?  
(How many, how recent and how long must the attempts be?)  
\_\_\_\_\_

12. Is there any other information I haven't mentioned that the insurance company is going to need? \_\_\_\_\_

13. What is the fax number to where the medical documentation is to be sent for prior authorization?  
(Fax number is VITAL!) \_\_\_\_\_

# Out of Network Information

Please be aware that Dr Wellborn is out of network with several insurance companies. He would still like to be considered your surgeon for this surgery. We will work with you and your insurance company to get you the best medical care possible. We believe that even though you will have some cost at the beginning of surgery, you will not regret using our clinic. We have very good patient weight loss statistics, 10%-15% better than the national average. We also have eight successful lap band patients that work in the office, who have lost nearly 700 pounds all together! They are your support group and cheerleaders! They have walked in your shoes, and know exactly what you are going to go through. That kind of experience and success is Priceless!

Out of network benefits work as follows. Surgeon fee is \$4500, and must be paid up front. The fee covers not *just* your surgery, but, *all* of your follow ups and adjustments for the next 18 months. This is special price is **only** for self-pay or out of network patients. Most insurance plans only cover adjustments for the first 90 days. As adjustments are \$100 each, you could be saving over \$1800 if you have just one adjustment a month for the next year and a half! Most patients have between 6-12 fills in the first year.

We will work with you to get you pre-approved by your insurance, and *the hospital is in network*. We will also bill your insurance company for the initial visit/processing fee of \$275, as well as for the surgeon fee of \$4500. If you have out of network benefits available, then your insurance will reimburse *you directly*.

We will also bill your insurance for **each** adjustment for the next 18 months, or provide you a form that you can send to your insurance company to get reimbursed for the adjustment. You will be required to remit any in network deductible and out of pocket amounts to the hospital, if you have any due, prior to your surgery. Please contact Shannon at ext 111, or Jamie at ext. 100 if you have any questions.

## FINANCING OPTIONS

Self pay surgery price can vary \$10,995 - \$26,275 (revision)

Listed below are some financing options. We provide these names and phone numbers *as a service only*. Please note: **WE DO NOT ENDORSE OR RECOMMEND** any one in particular. There are many financing options available, please don't hesitate to explore all of them. Good Luck!

**Iberia Bank** – Larissa Greer (secured & unsecured loans)

Larissa.greer@iberiabank.com

1-501-661-7748

**Care Credit** - (+\$275.00 fee)

1-800-839-9078

www.carecredit.com

**Esolutions Medical Financing** - (+\$275.00 fee)

1-800-728-9585

[info@efinancing-solutions.com](mailto:info@efinancing-solutions.com)

**Med Prova Patient Funding** - (+\$275.00 fee)

1-888-444-0016

[info@medprova.com](mailto:info@medprova.com)

**Financing information continued next page**

## **FINANCING OPTIONS cont.**

**Dr. Wellborn's lapband fee schedule at BAPTIST:** (self pay or out of network)

\$4500.00 (includes 18 months of adjustments) includes **all BMI 45 and up**

Revision surgery \$5000 (with 18 months of adjustments)

**Adjustments are \$100 each after contracted date.**

**Baptist Medical Center:** \$10,000.00 (basic) - \$20,000 (revision)

**Arkansas Health Group:** \$1500.00

*These prices do **NOT** include any additional professional fees that are associated with surgery @ Baptist i.e. Cardiologist to read EKG or Pathologist to read any lab values. Usually fees over and beyond run no more than 200.00.*

**Little Rock Surgery Center:**

BMI 30-39.9 \$7995 (this price includes anesthesia)

BMI 40-45 \$10,000 (this price includes anesthesia)

To be considered for surgery at the surgery center, BMI must be 30-45 with no major health issues i.e. sleep apnea, heart disease....

**Dr. Wellborn will make the final decision as to the facility.**

**Dr. Wellborn's surgery fee schedule options at LRSC:**

BMI 30-34.9 \$3000 (includes 6 months of adjustments)

BMI 35-39.9 \$3500 (includes 6 months of adjustments)

BMI 40-45 \$4000 (includes 6 months of adjustments)

**Any BMI** has the option of purchasing the **Premium package:** \$4500 (includes 18 months of adjustments)

**All prices subject to change without notice.**

# Lap-Band Patient Checklist

**Before you can be scheduled for a history and physical appointment with Dr. Wellborn you must have completed everything below. We receive a high volume of calls, so if you need assistance with this form, please e-mail Nikki at [nicole@arkansasobesitysurgery.com](mailto:nicole@arkansasobesitysurgery.com). She will get back with you as soon as possible. Please return these forms completed. Thank You.**

Name \_\_\_\_\_

Date \_\_\_\_\_ Phone 9-5 Monday thru Friday \_\_\_\_\_

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

I heard about your program from (name) \_\_\_\_\_

(Ad, Website, friend, family member, physician, other — please be specific)

## Checklist

- Filled out packet and returned it to the Wellborn Clinic.
- Copied packet and saved it in my files on (date) \_\_\_\_\_.
- Completed New Patient Registration Portal on line (date) \_\_\_\_\_.
- Sent copy of front and back of insurance card to the Wellborn Clinic. (insurance patients)
- Called my insurance company and used the form provided. (insurance patients)
- Verified that my insurance would approve code 43770 without exclusion. (insurance patients)
- Attended the Lap-Band seminar on (date) \_\_\_\_\_.
- Attended support group meeting on (date) \_\_\_\_\_.
- Viewed EMMI (Nicole or Shannon will schedule this.)
- Received referral from primary care doctor (if required by insurance).
- Received Primary Care Letter of Necessity (an example included in packet). (insurance patients)
- Signed a release of medical information and sent Dr. Wellborn, at least 2 years of medical history (and any other relevant medical information from any physician i.e. OB, orthopedic, cardiologist etc. (insurance & self pay patients)
- Had my psychological evaluation (if required by insurance, or on psychiatric drugs) on (date) \_\_\_\_\_.
- Had my labs drawn at \_\_\_\_\_ on (date) \_\_\_\_\_.
- Faxed lab results to the Wellborn Clinic on (date) \_\_\_\_\_.

## Once surgery is scheduled, you will be set up for:

- Nutritional evaluation
- Pre-op testing at hospital
- Surgery instructions

# Important Information

## Office Address

#1 St. Vincent Circle, Suite 320  
Parkview Building  
Little Rock, AR 72205

## Driving Instructions

Take 630 and exit on University Avenue.

Go North, take a right at St. Vincent Circle

This is about 1 block north of 630, your first right turn.

Go up hill past the first building on the right (this is the Parkview building) and enter driveway immediately past the building. Parking in the rear. Enter building and take elevator to suite 320, last door on the left.

## Wellborn Clinic Hours

Monday and Wednesday, 9 a.m. to 5 p.m.

Tuesday, 1:30 p.m.-5:00 p.m..

## Phone Numbers

Office: 501.663.9600

Fax: 501.663.0465

Please understand that our office phone call volume is very high. We try hard to return calls in a timely manner. However, on occasion, it can take up to 24 hours to return non-emergency calls. Please be patient and do not place more than one (1) phone call per 24 hours on our system. By working together we can manage the calls more efficiently and answer patients' questions more quickly. Feel free to e-mail us for appointments or for other questions or comments.

## Office Staff

**Leslie**, ext. 108; [leslie@arkansasobesitysurgery.com](mailto:leslie@arkansasobesitysurgery.com)

Surgery and procedure scheduling, and self pay patients (Leslie is a lapband patient).

**Nikki**, ext. 110; [nicole@arkansasobesitysurgery.com](mailto:nicole@arkansasobesitysurgery.com)

For self pay and consult scheduling (Nicole is a lapband patient).

**Shannon**, ext. 111; [Shannon@arkansasobesitysurgery.com](mailto:Shannon@arkansasobesitysurgery.com)

For prior approvals or insurance questions and support group questions (Shannon is a lapband patient).

**Jamie**, ext 100: [jamie@arkansasobesitysurgery.com](mailto:jamie@arkansasobesitysurgery.com)

For scheduling and general questions (Jamie is a lapband patient)

## Web Site

[www.drclaywellborn.com](http://www.drclaywellborn.com) or [www.arkansasobesitysurgery.com](http://www.arkansasobesitysurgery.com)

## Like us on Facebook!

## **Emergency Information**

If you have a medical emergency, do not hesitate to DIAL 911.

For after-hours emergencies, Dr. Wellborn can be reached by calling the Medical Exchange at (501) 663-8400. If at all possible, please try to limit your calls to office hours. By doing so, we can handle true after-hour emergencies more efficiently.

## **Prescription Refills or Appointments**

If you need a refill or appointment, please do not wait until the last minute. Please remember Dr. Wellborn is NOT in the Clinic Tuesday mornings, or all day on Thursdays and Fridays. If you know you are in need of a refill or an appointment please call (501) 663-9600 ext 102 nurses station and leave all pertinent information. We will schedule or call-in prescriptions and call you back as soon as possible. Please allow 24 hours on all prescriptions.

## **Lap-Band Fills**

Fills are done in the office according to need. We try to schedule all in-office fills on Monday, Tuesday and Wednesday afternoons. Please keep this in mind when coordinating fill (and unfill) scheduling. Please contact ext 100 to Schedule.

Stay on our email list to keep updated. You can email [Jamie@arkansasobesitysurgery.com](mailto:Jamie@arkansasobesitysurgery.com) to get on the list. We also have a facebook page: The Wellborn Clinic, there is a link on our home page.

# Tax Deductible Medical Expenses for Obesity

According to CBS Market Watch, the cost of weight-loss programs — that are not part of the treatment for diseases, such as obesity — are tax deductible. The Internal Revenue Service released this information in March 2002.

The IRS stated, “Obesity is medically accepted to be a disease in its own right.”

Taxpayers who participate in these programs for medically valid reasons will now be able to deduct amounts above 7.5 percent of their adjusted gross income, similar to any other medical expense not covered by insurance or other reimbursement. A taxpayer’s spouse and dependents would also be covered.

Still not deductible, however, are the costs of weight control programs intended “to improve the taxpayer’s appearance, general health and sense of well-being.”

Diet foods are also not deductible, even though they are often an integral part of a weight control program under a physician’s supervision. The IRS reasons that people have to pay for food whether or not they are trying to lose weight.

Fees, diet menus and literature and other costs would be deductible.

The IRS specifically cited obesity and high blood pressure as examples of diseases for which the deduction could be taken. But it would apply to any specific ailment diagnosed by a physician, including mental illness.

The ruling applies not only to current year tax returns, but goes all the way back to 1998. Taxpayers who want to take the deduction need only file an amended return for the tax year in question.

The IRS also recently included smoking cessation programs as deductible medical expenses, as are treatment and other costs for alcoholism.

For more details go to [www.irs.gov](http://www.irs.gov) and search in the Forms and Publications section under “Obesity,” and consult your Tax Advisor.