



Comprehensive Obesity Management Program

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Comprehensive Obesity Management Program New Patient Agreement

GBMC's Comprehensive Obesity Management Program (COMP) is committed to providing quality care to our patients. Bariatric surgery requires a lifelong commitment and COMP offers a variety of support services to help patients before, during and after their procedures. The goal of bariatric surgery is to restore good health and improve quality of life. To be successful, you must be responsible for achieving and maintaining that quality of life. To ensure that you understand this commitment, please read the statements below and initial beside each to acknowledge your understanding.

Electronic Communications

I understand that GBMC's COMP is primarily a virtual program. As such, I will be **required** to provide an email address and create a GBMC MyChart account prior to my initial appointment. While we do offer in-person appointments if requested, the majority of patient communications will be through MyChart. **You are required to reply to any MyChart messages received from any of the various bariatric team members!**

Notice of No-Show/Cancelation policy

I must give at least a 24-hour notice if canceling an appointment. I understand that there may be limited availability and by canceling/rescheduling another patient could use this spot and I can be rescheduled for another spot. I understand that I may be discharged from the program if: **I No-Show to three (3) or more appointments with the bariatric team within twelve rolling months OR if I cancel three (3) or more appointments without proper notification within twelve rolling months.**

Appointments

I understand that I am responsible for scheduling and tracking my appointments. It is also my responsibility to arrive on time. If I arrive more than 15 minutes late, it is in the discretion of the provider if I can still be seen. **You are required to reply to any MyChart messages or phone messages received from any of the various bariatric team members!**



No Guarantee of Surgery

Attending the Bariatric Consult does not guarantee I will have bariatric surgery. There are many medical & non-medical factors that could disqualify me from surgery. I have been informed of the pre-operative surgery process and agree to comply.

Conduct

Please be aware that GBMC HealthCare System has a Zero Tolerance Policy for abusive or violent language and/or behavior directed at our staff, patients, and visitors. Violators may be escorted out of the facility and may be subjected to loss of all visitation rights and facility privileges, including possible legal action.

Insurance Coverage

I understand that it is my responsibility to check with my insurance company prior to my appointment to verify benefit coverage. It is also my responsibility to obtain any required referrals prior to my appointment. I will notify the practice in a timely manner of any changes to my insurance plan or coverage. Failure to do so could result in your appointment being canceled or rescheduled. I understand that my insurance requirements will be reviewed at the Bariatric Consultation with the surgeon. I also understand that I will be held to the standards set forth by GBMC COMP and my insurance policy, or otherwise risk denial for surgery by my insurance carrier. I am responsible for any copayments or other expenses not covered by my insurance.

Treatment Plan

I understand that my individual treatment plan will be based on COMP guidelines, insurance requirements, and my specific needs. I may also be asked to undergo additional follow up and consultations prior to being scheduled for bariatric surgery to promote the best potential outcome post-operatively.

Weight Loss

I understand that my individual treatment plan and insurance guidelines may require weight loss tracking to ensure a consistent weight maintenance and/or loss. I do understand that if I do not give my best effort to follow these guidelines, my insurance company may not approve me for surgery.

Health Maintenance

I will be active in my obesity treatment by following the guidelines given to me: nutrition, physical activity, obtaining labs tests, and other tests as determined by my team. I understand that COMP will communicate with my Primary Care Provider (PCP) and other healthcare team members regarding my status with the program.



Nicotine Cessation (smoking, chewing, vaping, etc.)

Smoking and the use of nicotine products increases your risk of complications both during and after surgery. Patients are expected to refrain from using any nicotine products during and after the bariatric process. You will be tested prior to surgery to ensure that you are compliant. Noncompliance will result in postponing/canceling your surgery. The effects of nicotine can be catastrophic, resulting in life-threatening stomach bleeding, ulcers, perforation, or gastrointestinal problems requiring emergency surgery or resulting in death.

Post-operative Nutrition Supplementation and Follow Up

I understand I am required to take protein and vitamin supplements after surgery. I also understand that most insurance companies DO NOT cover this expense and it will be an out-of-pocket expense that I am responsible for.

Support Group

Attending postoperative bariatric support groups is highly recommended for my long-term success. I am aware that these are free of charge and a list of dates, times and locations can be found on the GBMC COMP website.

Weight Management After Surgery

I understand that I need to take responsibility for my weight management, and if I am having difficulties, I should contact the bariatric office for behavioral, medical/surgical, nutritional, or exercise assistance as appropriate.

Signature

Printed Name

Date