

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:			
Provisional open privileges			
Provisional laparoscopic privileges			
Full open privileges			

MLMIC Insurance Company

	Yes	No	Number (if applicable)
Full laparoscopic privileges			
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):			
Substantial deviations with actual or potential threats to patient safety			
Substantial variations with no threats to patient safety			
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		
Cardiology		
Infectious disease		
General surgery		
Pulmonology		
Psychiatry		
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.		