



<b>DATE:</b>	
<b>TO:</b> <b>ATTN:</b>	<b>Fax:</b>
<b>From:</b> BODY BY BARIATRICS, LLC	
<b>Pages (including cover): 2</b>	
<b>REQUEST:</b> Letter of Support – Bariatric Surgery <b>PATIENT:</b> <b>DOB:</b>  Your patient has chosen BodyByBariatrics Weight Loss and Bariatric Surgery Program to start living a healthier lifestyle. One of their insurance carrier requirements is a LETTER OF SUPPORT from their clinician. Please review the following criteria that needs to be included in the letter. If you have any questions regarding this letter, please feel free to contact our team.	

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**Patient Name:**

**DOB:**

The following information must be included to obtain a Letter of Support for Bariatric Surgery for the treatment of morbid obesity (E66.01).

- Letter typed on your office letterhead and signed
- Patient's full name and date of birth
- How long they have been in your care
- Types of previous weight loss attempts (i.e., WW, anti-obesity medications, exercise plans, etc.)
- Any medical condition that would benefit from weight loss surgery (i.e., Diabetes, Hypertension, Hyperlipidemia, Heart Disease, Joint Pain, Chronic Back Pain, GERD, Obstructive Sleep Apnea, PCOS, Infertility, Significant Family History, etc.)
- Highest *and* current height, weight and BMI (kg/m<sup>2</sup>)
- A statement that you support their decision for bariatric surgery
- A statement that the patient is cleared from a medical standpoint for bariatric surgery

Please kindly send this letter of medical necessity by email ([Support@BodyByBariatrics.com](mailto:Support@BodyByBariatrics.com)) or via fax (407-707-8658).

Should you have any questions or require additional clinical information, please contact us at (407)707-5018.

Sincerely,

BodyByBariatrics

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BodyByBariatrics  
3030 Harden Blvd., Bldg 1  
Lakeland, FL 33803-7952  
Office: 407-707-5018  
Fax: 407-707-8658