BODY BY
BARIATRICS
SURGICAL WEIGHT LOSS

DATE:	
TO: **ATTN**:	**Fax**:
From: BODY BY BARIATRICS, LLC	
Pages (*including cover*): 2	

REQUEST: Letter of Support – Bariatric Surgery

PATIENT:

DOB:

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.

The information contained in this message may be privileged and/or confidential and protected from disclosure. If the reader of this message is not the intended recipient or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting the material from any computer.

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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^2)
- A statement that you support their decision for bariatric surgery

Please kindly send this letter of medical necessity by email (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

BodyByBariatrics
4901 Vineland Rd 150
Orlando, FL 32811
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Fax: 407-707-8658