



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

9300 Shelbyville Rd., Suite 204 • Louisville, KY 40222
Telephone: (866) 749-2273 or (502) 895-6404
Fax: (866) 797-2273 or (502) 895-6406

BARIATRIC SURGERY PROCEDURE QUESTIONNAIRE

Name of Applicant: \_\_\_\_\_

1. Which of the following procedures do you perform?

Table with columns for Laparoscopic and Open procedures, and sub-columns for # In Past 12 Months and # In Next 12 Months. Rows include Rouex en Y, Gastric Banding, VBG, and Other.

Please explain what Other procedures you perform: \_\_\_\_\_

2. What percentage of Revenue comes from:

Roux en Y \_\_\_\_\_ VBG \_\_\_\_\_
Gastric Banding \_\_\_\_\_ Other \_\_\_\_\_

3. Are you doing any other procedures that may be categorized as bariatric surgery? (i.e. biliopancreatic diversion or jejunoileal bypass) If "Yes", please explain: \_\_\_\_\_

4. What percent of your practice involves Bariatrics? \_\_\_\_\_

5. Are you a member of a Bariatric Surgery Organization? \_\_\_\_\_

If so, which ones? \_\_\_\_\_

6. How long have you been performing bariatric surgery? \_\_\_\_\_

7. Do you accept Medicare/Medicaid patients? \_\_\_\_\_ If yes, what % \_\_\_\_\_

Please send:

- 1. Copy of any advertising done.
2. Information sheet given to patients and outline of your protocols, including nutrition, pre and post-op counseling.
3. Any information sent to primary care physician involving follow-up.
4. Evidence of additional training in Bariatrics.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_