

# CENTER FOR WEIGHT LOSS SURGERY

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[www.centerforweightlossurgery.com](http://www.centerforweightlossurgery.com)

## STEPS TO SURGERY

Local Patients

### STEP 1: ATTEND COMMUNITY SEMINAR

Call 1-888-825-3227 to schedule. Ask to attend Dr. Srikanth's Seminar.

#### CASH PAY PATIENTS

Go to Step 2

#### INSURANCE PATIENTS

1. Complete Insurance Information Form – submit to office
  2. Wait for Insurance Verification notification from office
- Go to Step 2

### STEP 2: CALL CWLS & SCHEDULE INITIAL OFFICE VISIT

(Packet of information will be mailed if forms have not been downloaded from website)

- Complete the Comprehensive Patient History and mail to the office
- Using the Release of Information Authorization (make multiple copies), request Operative Reports or Study Reports required by the Comprehensive History.

### STEP 3: INITIAL OFFICE VISIT

- Physical Exam with Surgeon

#### CASH PAY PATIENTS

At Initial visit, the following will also be done:

#### INSURANCE PATIENTS

1. Paperwork will be submitted for insurance approval
2. Once surgery is approved, the following can be completed:

- Schedule Required Initial Pre-Op testing (Labs) (required for surgery)
- Schedule Consults and Evaluations (required by Hospital for surgery)
  - Internal Medicine - Medical Risk Assessment Written Consultation & Clearance
  - Psychological Evaluation – Written Consultation and Clearance
  - Nutritional & Nursing Education - St. Francis Center For Weight Management
- Additional Evaluations if needed will be scheduled
- Meet with CWLS Billing
- Schedule Surgery Date
- Schedule Meeting with Hospital Financial Representative
- Schedule Final Pre-Op Consultation & Physical Exam with Surgeon

### STEP 4: FINAL PRE-OP CONSULTATION & PHYSICAL EXAM

- **All** Hospital Required and Surgeon requested Specialists' Consultations and Evaluations *must be received* by this appointment.
- **All** Lab and Study Reports *must be received* by this appointment.
- Pre-Op physical exam
- Surgery Risk List Counseling
- Pregnancy Test scheduled if appropriate (Gender/Age)
- Hospital and Surgery Consents Signed
- Surgery Date confirmed

### STEP 5: SURGERY