

Welcome to Owensboro Health Weight Management. Thank you for choosing us for your healthcare needs. In an effort to maximize the time your physician spends with you and minimize your wait time, we would like you to arrive 15 minutes early, bring a photo ID, insurance card, and current list of medications. In addition, our providers do not treat chronic pain or control pain management.

Insurance: We accept and participate in most insurance plans. However, not all plans will cover bariatric surgery. Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage.

Question to ask your insurance company:

- Does my plan cover bariatric or weight loss surgery?
 - Procedure codes or CPT codes 43644 & 43775
 - Diagnosis code E66.01

In an effort to provide clear understanding of Owensboro Health Weight Management's scheduling practices, the following policy has been put into place to better inform our patients:

Patients are reminded of their appointment with a call or text message from our office one to two days prior to their appointment.

Bariatric surgery requires dedication and follow-through on the part of the patient and the provider. We understand that appointment changes are sometimes necessary and are willing to accommodate our patients as much as possible. However, we must set limits on no-shows, cancellations, and reschedules in order to maximize access to care for patients to be seen.

Cancel/Reschedule Appointments: If you need to cancel or reschedule your appointment, please contact our office within a minimum of 24 hours prior to your scheduled appointment time.

Missed Appointments: This is defined as a failure to notify us by phone call or secure message through the patient portal within the 24-hour cancellation window.

Arriving Late: If you are 10 minutes or later for your scheduled appointment time, it is not a guarantee that the provider can see you. We will attempt to accommodate your needs; however, you may have to be rescheduled.

Abusive Patients or Family Members: Patients or family members that are deemed as having abusive behavior towards our physician, residents, physician assistants, or staff will result in immediate termination from our practice.

By signing below, you are stating that you understand our policies, and you agree to abide by the statements listed above.

Printed Patient Name: _____ Date: _____

Signed Patient Name: _____ Date: _____