SurgeryPlus Bariatric Member Experience

Member contacts SurgeryPlus by phone. Care advocate (CA) will verify the member is eligible and gather basic information.

Within 24-48 hours a CA will be assigned to the member's case and will send a Welcome Letter and Member Questionnaire.

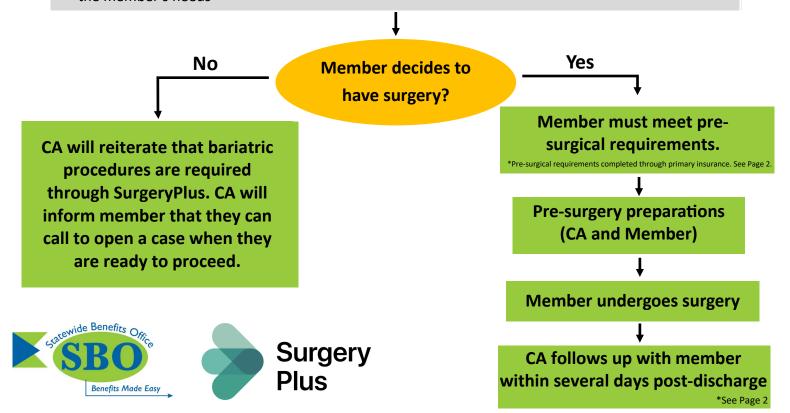
CA will send provider options and a Medical Records Release Form. CA provides medical records to member's preferred provider for case review and schedules appointment for member with provider.

Travel to preferred provider needed?

CA coordinates member's travel to provider

Member meets with provider, who communicates results of case review

- Member provides SurgeryPlus ID card to provider so all costs are processed through SurgeryPlus instead of the member's medical plan
- Includes provider's recommendation on whether surgery is necessary
- SurgeryPlus surgeon will determine and provide an optimized presurgical plan that is specific to the member's needs



SurgeryPlus Bariatric Member Experience

Covered Costs with SurgeryPlus

Pre-surgery consultation with doctor*

Admission to facility for surgery

- Surgeon
- Hospital/Surgery Center
- Anesthesia
- Every other component of surgery from the moment you were admitted to the facility to the time of discharge.

Discharge from facility

Post-procedure visits*

*There are some pre- and post-procedure costs that SurgeryPlus does NOT cover, such as:

- Physical therapy
- Home Health
- Advanced imaging/ diagnostics
- Durable medical equipment

Bariatric Pre-Surgical Requirements

The SurgeryPlus surgeons develop optimized pre-surgical plans for each member based on the member's specific medical needs.

Please contact the member's health plan for more information on Bariatric Pre-Surgical Requirements and coverage.



