



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

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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 _____