

**SOUTHERN OREGON BARIATRIC CENTER WAIVER**  
**ASANTE EMPLOYEE Benefit**

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Date Range of Services: \_\_\_\_\_

Date of Notice: \_\_\_\_\_

In cases where bariatric surgery coverage is not available through your insurance provider, a global-package of bariatric surgery services is available to you at a special rate.

- Sleeve Gastrectomy (CPT 43775), Admit Type: Inpatient, Cost: \$4,750
- Roux-en-Y Gastric Bypass (CPT 43644), Admit Type: Inpatient, Cost: \$5,400

The global-package includes the following services when performed by the following providers:

<i>Asante Rogue Regional Medical Center:</i>	Hospital stay and surgery fees Bariatric-related labs (pre-op and up to 90 days post-op) Pre-operative imaging studies (excluding ultrasounds) Asante Pre-Op clinic visit
<i>Southern Oregon Bariatric Center:</i>	Three pre-op office visits with RD or NP (nurse practitioner)
<i>Oregon Surgical Specialists:</i>	Initial consult and pre-surgical office visits with surgeon Surgeon's fee for surgery (along with surgeon's assistant) Post-Op clinic visits with surgeon/NP through 90 days post-op
<i>Anesthesia Associates of Medford:</i>	Anesthesiologist fees for surgical procedure
<i>Baxter Fitness:</i>	Pre-operative fitness evaluation and associated gym visits
<i>Vista Pathology:</i>	Surgical pathology fee

**At least 50% of the total cost must be paid upon check-in at your Asante Pre-Op Clinic Appointment (about 10 days prior to surgery). Automatic Payments (through ACH or MyChart) can be utilized to pay the remaining balance over a 12-month period. Contact 541-789-4111 option 2 with any questions.**

- Only the services listed above are included within the global-package payment. Additional services or testing ordered by your provider will be your financial responsibility. Specialized care, treatment, or procedures for surgery-related complications that arise outside of the initial hospital stay are not included in the global-fee. Services provided outside of the self-pay package may or may not be covered by your insurance company. If you have questions concerning why these services are not covered, please contact your insurance carrier.
- Bariatric surgery must be completed within six months from the date of your first office visit at the Southern Oregon Bariatric Center. Otherwise, all incurred charges will become patient responsibility. Cancellation of surgery will result in patient liability.
- The self-pay package is not eligible for additional discounts. Financial assistance through Asante is not available for this procedure.

**X**  
\_\_\_\_\_  
(Signature of Financially Responsible Party)

**X**  
\_\_\_\_\_  
(Date Signed)

**X**  
\_\_\_\_\_  
(Signature of Witness)

**X**  
\_\_\_\_\_  
(Date Signed)

**Fax completed form to the following Asante Departments/Staff:**  
 ➤ Patient Financial Counselors (541) 789-7251  
 ➤ Revenue Cycle: ATTN: Jessica Dunn (541) 789-5518



*Following surgery, if you receive invoices related to your bariatric surgery that fall within the package of services listed above, please call Jessica Dunn at (541) 789-5515.*

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