

Bariatric Surgery Benefit Commitment

Health as Wholeness in Mission integrates God, faith, health and community to help us build wholeness of mind, body and spirit. In the spirit of your dedication to Health as Wholeness in Mission, please confirm your commitment below.

I, _____ (participant name) agree to abide by the guidelines set forth in the Group Health Benefits (GHB) Program for Bariatric Surgery: Requirements and Checklist (the Requirements) related to Bariatric Surgery.

I have read the Requirements and hereby acknowledge that I have been informed of the terms and conditions of coverage for the procedure and related services under Group Health Benefits (GHB). I understand the consequences of not adhering to said terms and conditions; noncompliance may impact future benefit payments related to the procedures to which this acknowledgment pertains.

As part of my care program related to the procedure, I hereby agree to work with the Group Health Benefits (GHB) disease management program to assist me in my commitment to lifelong change as prescribed by my physician and set forth in the Requirements.

In addition, I agree to allow Group Health Benefits (GHB) and its agents access to any protected health information related to me and pertaining to the procedure to which this acknowledgement applies and is needed by Group Health Benefits (GHB) and its agents to administer this benefit and measure my adherence and compliance with the provisions set forth in the Requirements.

Printed name _____

Signature _____

Date _____