HEALTHCARE PROFESSIONALS INSURANCE COMPANY
217 Great Oaks Blvd., Albany, NY 12203
(866) 374.HPIC

WEIGHT MANAGEMENT /BARIATRIC SUPPLEMENTAL APPLICATION

If you responded "yes" to the question regarding performance of weight reduction surgery, please provide the following information.

1. Does your facility provide services for weight control, other than prescribing exercise? Yes ☐No ☐

   If "Yes", please describe all medications prescribed or dispensed:

   _____
   _____
   _____
   _____

   Number of patients seen annually for weight control: _____

2. Does your facility solicit or advertise for weight control services? Yes ☐No ☐

   If "Yes", please submit sample copies of all advertisements

3. Does your facility use HUMAN CHORIONIC GONADOTROPIN (HCG) for weight control? Yes ☐No ☐

4. Does your facility perform surgery for weight control? Yes ☐No ☐

If "No", stop here. If "Yes", please indicate the Numbers of procedures performed annually:

	Current Year	**Projected**
Roux-en-Y Gastric Bypass	____	____
Bilio Pancreatic Diversion	____	____
Lap-Band Placement	____	____
Revision of Previous Weight Loss Procedure	____	____
Other (Please List):		
_____	____	____
_____	____	____
_____	____	____

5. Does the facility hold the American Society for Bariatric Surgery (ASBS) Center of Excellence Designation? Yes ☐No ☐

*If “Yes”, when was it given? _____

If “No”, has the facility been given a “provisional” designation? Yes ☐No ☐

Does the facility plan on applying for designation? Yes ☐No ☐

If “No”, please state reason(s) why it will not be applied for.

_____

_____

_____

6. Please list Surgeon(s) conducting procedures:

	Name	Specialty	Board Certifications Held
Primary	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Assisting	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please identify persons responsible for providing anesthesia services for these procedures?

_____ _____

_____ _____

_____ _____

_____ _____

6. Please provide for each physician described in this Supplemental Application:

   a. National Practitioner Databank (NPD) form

   b. Number of Bariatric Surgery (BS) procedures (primary and/or revisions) each has performed and/or assisted:

      Lifetime _____
      Last 12 months _____

   c. Bariatric Surgery training received including dates of completion

   d. Copies of declarations of coverage for primary professional liability and excess professional liability

7. Does the hospital have a BS team; that is, a full complement of staff familiar with management of morbidly obese patients? Yes ☐No ☐

8. Do patients receive:

	Pre-Surgery	**Post-Surgery**
Psychological counseling?	Yes ☐No ☐	Yes ☐No ☐
Nutrition Counseling?	Yes ☐No ☐	Yes ☐No ☐

If "Yes", please list employees and credentials:

_____

_____

_____

9. Have accommodations been made for equipment (i.e., beds, commodes, wheelchairs or tables, radiology equipment) to accommodate morbidly obese patients? Yes ☐No ☐

10. Do you have a consent form specific to Bariatric Surgery?

    a. For Primary Surgeon? Yes ☐No ☐

    b. For Anesthesiology? Yes ☐No ☐

    Please attach all forms for review

11. Does the hospital have written indications concerning qualifying patients (ie, BMI > 35, > 100 lbs. Overweight, number of co-morbid conditions present)? Yes ☐No ☐

    If so, please attach a copy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT		
BY *(CEO/PRESIDENT/CHAIRMAN)*	TITLE	DATE

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER, PRESIDENT OR CHAIRMAN OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS PROPOSED FOR THIS INSURANCE.