Princeton Insurance
a MedPro/Berkshire Hathaway company

Supplemental Form
Physician Performing Bariatric Surgery

Physician Name _____ Corporation Name _____

Do you perform bariatric surgery procedures? ☐ Yes ☐ No

If you answered "yes" above, please answer all of the following questions:

1. Please indicate the type(s) of procedures you perform:
   - ☐ Biliopancreatic Diversion (BPG) - open procedures only
   - ☐ Laparoscopic Bariatric Procedures
   - ☐ Laparoscopic Roux-en-Y
   - ☐ Lap Band (Gastric Banding)
   - ☐ Gastric Sleeve
   - ☐ Vertical Banded Gastroplasty (VBG) - open procedures only
   - ☐ Roux-en-Y (RNY) - open procedures only
   - ☐ Other Laparoscopic Bariatric Procedure (please explain) _____
   - ☐ Other Bariatric Procedure (please explain) _____
2. Are you a member of the American Society for Bariatric Surgery? ☐ Yes ☐ No
3. Do you have full hospital privileges for general and gastrointestinal surgery, including bariatric procedures? ☐ Yes ☐ No
   If yes, please list the facilities where you will be performing bariatrics _____
4. How many years have you been performing bariatric surgery? (check one)
   ☐ Less than 2 Years ☐ 2-10 Years ☐ More than 10 Years
5. During the previous two years, what is the average number of bariatric surgeries you have performed per year? (check one)
   ☐ 0-25 ☐ 26-50 ☐ 51-75 ☐ 76 or more
6. During the previous two years, how many Laparscopic Roux-en-Y procedures have you performed? (If not performing this procedure, please indicate "0") _____
7. How many bariatric surgeries do you plan to perform during the next 12 months? (check one)
   ☐ 0-25 ☐ 26-50 ☐ 51-75 ☐ 76 or more
8. What is your leakage rate?_____
9. What is your mortality rate?_____
10. What is your complication rate?_____
11. Indicate the type(s) of procedures you perform:
    - ☐ Cholecystectomies
    - ☐ Esophangectomy
    - ☐ Small Bowel Resection
    - ☐ Adrenalectomy
    - ☐ Hernia Repair
    - ☐ Appendectomies
    - ☐ Colectomy
    - ☐ Splenectomy
    - ☐ Fundus Placation
12. Do you have a policy requiring potential patients to undergo a pre-op psychological exam by a psychologist or psychiatrist familiar with bariatric procedures? ☐ Yes ☐ No
    If "No", please explain: _____
13. Describe any continuing education courses related to bariatric surgery you have completed in the last two years:_____

Applicant name _____

13. Describe your informed consent process: _____

_____

_____

14. Do you obtain a signed consent form? ☐ Yes ☐ No
If yes, please attach copy.

15. Do you perform any procedures or diagnostic tests in your office that you are not credentialed to perform in a healthcare facility? **If yes, provide details**. ☐ Yes ☐ No

_____

_____

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_____ _____

Signature Date