



#### ATTACHMENT 1:

Decisions to accept a patient into the [Lap Band 4 Life](#)® Outreach Program shall be made by evaluating the need for assistance as well as the ability of the patient to adhere to the necessary follow-up and dietary guidelines after surgery.

A BMI of at least 40 is necessary to apply. Medical history of obesity and attempts to lose weight are a requirement and will also be evaluated.

The criteria set forth in [Attachment 3](#), shall be considered. [Lap Band 4 Life](#)® Outreach Program reserves the right to modify the criteria considered in reviewing Financial Worksheets without notice.

The [Lap Band 4 Life](#)® Outreach Program reserves the right to decline to grant the free lap band procedure to patients without explanation.

The recipient of the free lap band procedure must be able to pay out of pocket expenses for transportation to and from the program's clinic as well as the necessary follow-up with a local doctor.

All applicants must be willing to provide satisfactory documentation of financial hardship upon request.



ATTACHMENT 2:

CONFIDENTIAL FINANCIAL WORKSHEET

Patient Name: \_\_\_\_\_ Responsible Party: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

PLACE OF EMPLOYMENT & FAMILY SIZE

Patient: \_\_\_\_\_ Number in Household: \_\_\_\_\_
Parent/Spouse: \_\_\_\_\_ Number in School: \_\_\_\_\_
Parent/Spouse: \_\_\_\_\_ Other Dependants: \_\_\_\_\_

NET INCOME MONTHLY EXPENSES

Patient's Income: \_\_\_\_\_ Rent/House Payment: \_\_\_\_\_
Spouse's Income: \_\_\_\_\_ Car/Truck Payments: \_\_\_\_\_
Father's Income (if minor): \_\_\_\_\_
Utilities (electric, phone, gas, water): \_\_\_\_\_
Mother's Income (if minor): \_\_\_\_\_
Car Insurance: \_\_\_\_\_ Health/Dental Insurance: \_\_\_\_\_
Child Support: \_\_\_\_\_ Life Insurance: \_\_\_\_\_
Social Security: \_\_\_\_\_ Property Insurance: \_\_\_\_\_
Pension: \_\_\_\_\_ Property Tax: \_\_\_\_\_
SSI/Disability: \_\_\_\_\_ Medical Fees (Dr, Rx, Hospital): \_\_\_\_\_
Food Stamps: \_\_\_\_\_ Food/Clothing: \_\_\_\_\_
Other Income (child care, bus, etc)
If yes explain: \_\_\_\_\_

Loan Payments (credit, school, etc) \_\_\_\_\_

\$ \_\_\_\_\_
TOTAL MONTHLY INCOME

\$ \_\_\_\_\_
TOTAL MONTHLY EXPENSES

Remarks (use additional sheet, if necessary):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



You certify that the above information is true and accurate and that this application is made to enable Lap Band 4 Life® Outreach Program to judge your eligibility for acceptance into the free Lap Band program. If any of the information that you have given proves to be untrue, Lap Band 4 Life® Outreach Program may re-evaluate your financial status and take action necessary to collect on your account.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Application Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED

DENIED



## ATTACHMENT 3:

### CRITERIA CONSIDERED IN REVIEWING ELIGIBILITY

#### I. Medical History

1. Medical History of Obesity and Co-Morbidities
  - a. History of obesity for more than 5 years.
  - b. History of at least 3 co-morbidities resulting from obesity.
  - c. No previous weight loss surgery.
  - d. No history of dependency to drugs or drug abuse.
2. History of previous Weight Loss attempts
  - a. Previous diets
  - b. Previous medical treatment for obesity
  - c. Degree of emotional dependency on food

#### II. Financial Worksheet

1. Reasonableness/Prudent Measurement
  - a. Expenses relative to categories.
  - b. Housing obligations in relation to the area in which the beneficiary Lives (*i.e.*, urban versus rural)
  - c. Income versus employment (*i.e.*, retired, disability, etc.)
  - d. Number of people in household versus expenses and type of expenses.
    - (1) Food
    - (2) Tuition/child care
    - (3) Rent versus own
    - (4) Clothing
    - (5) Other significant medical expenses
2. Allowable Cash Flow
  - a. Percentage of housing obligations, taxes and insurance to total Income
  - b. Percentage of total debt versus income.
  - c. Disposal income (*i.e.*, amount and percentage).
  - d. Net cash flow - income after taxes (*i.e.*, disposable income).
    - (1) Amount plus percentage are both considered (*i.e.*, 5% of \$40,000 versus 5% of \$10000)
  - e. Negative versus positive cash flow.
  - f. Other income.
    - (1) How much
    - (2) Type, *e.g.*, interest and dividends
    - (3) Total market value
  - g. Income level (*e.g.*, poverty level).
  - h. Government assistance (*e.g.*, food stamps, welfare, etc.)