



**BARIATRIC AND
METABOLIC INSTITUTE**

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Referral Form

Patient: _____

Address: _____ Insurance: _____

City: _____ State: _____ Zip Code: _____ Age: _____

Date of Birth: _____ Patient Height: _____ Patient Weight: _____

Daytime Phone: _____ Other Phone Number: _____

Primary Diagnosis: _____

Referring Physician Printed Name: _____

Referring Physician Phone Number: _____

Referring Physician Fax Number: _____

Insurance Plan	Requirements	Covered Procedures
Medicare	BMI \geq 35 with at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatments for obesity.	<ul style="list-style-type: none"> Roux-en-Y Gastric Bypass Sleeve Gastrectomy
Blue Cross Blue Shield of Michigan	<p>BMI > 40 or BMI \geq 35 with at least one co-morbidity related to obesity such as hypertension, coronary artery disease, type 2 diabetes or sleep apnea and have been previously unsuccessful with medical treatments for obesity.</p> <p>Six months of a medically supervised weight loss program. MSWL requirement waived for individuals with BMI \geq 50.</p>	<ul style="list-style-type: none"> Roux-en-Y Gastric Bypass Sleeve Gastrectomy
Blue Care Network	<p>BMI > 40 or BMI \geq 35 with at least one co-morbidity related to obesity such as hypertension, coronary artery disease, type 2 diabetes or sleep apnea.</p> <p>Six months of a medically supervised weight loss program. MSWL requirement waived for individuals with BMI \geq 50.</p>	<ul style="list-style-type: none"> Roux-en-Y Gastric Bypass Sleeve Gastrectomy
McLaren Health Advantage/McLaren Health Plan	<p>BMI > 40 or BMI \geq 35 with two co-morbidities (poorly controlled diabetes, hypertension, hyperlipidemia or sleep apnea not controlled by C-Pap)</p> <p>Twelve months of a medically supervised weight loss program.</p>	<ul style="list-style-type: none"> Roux-en-Y Gastric Bypass Sleeve Gastrectomy
AETNA	<p>BMI > 40 or BMI \geq 35 with at least one co-morbidity related to obesity such as hypertension, coronary artery disease, type 2 diabetes or sleep apnea and have been previously unsuccessful with medical treatments for obesity.</p> <p>Six months of a medically supervised weight loss program within 2 years prior to surgery.</p>	<ul style="list-style-type: none"> Roux-en-Y Gastric Bypass Sleeve Gastrectomy
HAP	<p>BMI > 40 or BMI \geq 35 with at least one co-morbidity related to obesity such as hypertension, coronary artery disease, type 2 diabetes or sleep apnea and have been previously unsuccessful with medical treatments for obesity.</p> <p>Six months of a medically supervised weight loss program. MSWL waived for individuals with BMI \geq 50.</p>	<ul style="list-style-type: none"> Roux-en-Y Gastric Bypass Sleeve Gastrectomy