



### Bariatric Surgery Questionnaire

This questionnaire is to be completed by physicians performing bariatric surgery.

Name of Applicant (First, Middle, Last):	MMIC Policy Number:
--	---------------------

1. How long have you been performing bariatric procedures?

2. Specify the number of procedures performed annually:

3. Specify the total number of procedures performed:

4. Specify the percentage of procedures that are open: %

5. Specify the percentage of procedures that are laparoscopic: %

6. What percentage of your practice do you spend performing bariatric surgeries? %

7. Please list all locations where you perform bariatric surgery:

8. Please provide details of your bariatric training, education and certification:

9. Please provide a detailed description of your bariatric guidelines, policies and procedures. Include the patient pre-screening/selection process, your post-surgery follow-up procedures and the medical professionals involved in the process, including types and responsibilities:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date