

Sentara Comprehensive Weight Loss Solutions
Patient Pledge

I agree to discuss with my surgeon any aspect of my surgery or treatment that I do not understand. I agree to ask any questions I may have to any member of the Sentara Comprehensive Weight Loss Solutions Team.

I agree to read all information given to me by members of the Sentara Comprehensive Weight Loss Solutions Team.

I agree to follow all instruction and directions given to me by my surgeon or members of the Sentara Comprehensive Weight Loss Solutions Team as it relates to my surgery and recovery or weight loss.

Pre-surgery, I agree not to gain weight. My physician has advised me that if I gain weight my surgery may be cancelled.

I agree to follow the dietary instruction given to me by members of the Sentara Comprehensive Weight Loss Solutions Team understanding that they are designed by Registered Dieticians to provide me with a healthy plan to allow for optimum healing and maximum weight loss.

I agree to take all medications, including my vitamins, as directed by my physician during my pre/post-operative care and for the rest of my life if required.

I agree to walk and exercise as directed by members of the Sentara Comprehensive Weight Loss Solutions Team, including while I am in the hospital, understanding that they encourage safe healing and optimum weight loss.

I agree to keep all suggested appointments with my physician and my dietician, and to keep them both informed of my progress. **I have read and agree to observe the Patient On-Time Policy that I have received.**

I agree to keep all post-operative appointments at 1 week, 1 month, 3 months, 6 months, 9 months, 1 year, 18 months, 2 years and annually thereafter.

I agree not to use any anti-inflammatory medications or steroids without authorization from the Sentara Comprehensive Weight Loss Solutions Team.

My signature indicates that I have read, understood, and agree to the statements listed above.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Policy: Patient On-time policy	
Division: Sentara Medical Group	Original Date: July 2013
Manual: SMG	Revision Date: New
Section: General	Approved By: SMG Executive Team
Location(s): SMG	Process Owner: SCOPE Team

Revision Date	Revision Description (Most Recent)

Policy Statement:

Sentara Medical Group realizes that unforeseen circumstances or emergencies can cause patients to occasionally run late. It is the policy of Sentara Medical Group to see patients at their scheduled appointment time. To ensure availability is managed appropriately, it is necessary for us to have the following policy regarding on time and late appointments.

Exceptions:

None

Definitions:

Appointment Start Time: the time the patient is scheduled to see the provider.

Policy:

1. Patients arriving early, on time or up to 15 minutes late may be seen in the order they were scheduled. If scheduling permits, patients arriving early may be seen in advance of their scheduled appointment.
2. Patients arriving 15 to 30 minutes after the scheduled appointment time will be seen by the clinical staff and discussed with the provider. If their medical status requires that they be seen by the provider in a timely fashion, they will be seen but may have to wait while patients who were on time are seen. Other patients may be asked to reschedule.
3. Patients arriving more than 30 minutes after the scheduled appointment time will be seen by clinical staff and discussed with the provider. At the provider's discretion they may be seen that day. If the patient cannot be seen, he/she will be asked to reschedule. If the patient elects not to reschedule, efforts will be made to accommodate them but it cannot be guaranteed they will be seen due to the needs of other scheduled patients.

Monitoring:

Outcomes Monitoring – The SCOPE Team shall be responsible for monitoring compliance of The Patient On-time policy.

Document Management – The SCOPE Team shall be responsible for developing, communicating and maintaining this policy and related procedures and job aids necessary for the implementation and continuance of the policy. This policy shall be reviewed at least every 3 years for repeal or amendment as appropriate.

Revision Date	Revision Description

Related Documents:

Procedures

Regulatory References

SENTARA COMPREHENSIVE WEIGHT LOSS SOLUTIONS

SURGERY CENTER

Letter of Receipt for

Gastric Bypass, Laparoscopic Adjustable Gastric Banding or Gastric Sleeve

Patient Education Manual and Program Fee

I, _____, received my Gastric Bypass,

Laparoscopic Adjustable Banding, or Gastric Sleeve Patient Education Manual on the date of my first appointment. If I need to replace this manual, I understand that there will be a \$10.00 replacement fee.

If it is determined by the surgeon on the day of my appointment that I am not a candidate for weight loss surgery, I will be refunded my Program Fee of \$195.00 on that day. I understand that once the process of the Program has started, the Program Fee is Non-Refundable.

I agree to pay the Program Fee of \$195.00 at the front desk prior to being seen. I understand that my appointment will be rescheduled if this fee is not paid.

Signature: _____

DATE: ____/____/____