PCP Letter of Support

Your insurance requires a Letter of Support from your primary care physician (PCP) to this office.
YOU will need to follow the step-by-step instructions below and use the templates attached/provided to easily contact your PCP and request them to write a Letter of Support on your behalf and send it to this office.

Step 1. FAX Cover Sheet instructions (Page 2):

You will need to fill in the following information on the **FAX COVER SHEET.**

Date: [enter today's date]

To: [enter your PCP's name and office/practice name]

FAX: [enter PCP's FAX number]

Phone: [enter PCP's office phone number]

Sender: [enter your name and cell # and email contact information]

Re: Letter of Support for [enter your name and cell # and email contact information]

NOTE: This cover sheet will explain to your PCP what you are asking for and why it is needed. Your PCP may contact you because they may require an appointment with you before they will write and send us the Letter of Support. It is YOUR responsibility to follow through with them to obtain your letter. The Letter of Support is one of your insurance carrier requirements and must be received by us before you can schedule your final appointment to get a surgery date scheduled. **No exceptions are permitted.**

Step 2. Letter of Support Template for PCP (Page 3):

You will need to fill in the following information on the Letter of Support Template for PCP.

Patient name: [enter your full name]

Patient date of birth: [enter month, day and year]

Patient phone number: [enter your phone number(s)]

Step 3: FAX both pages (FAX Cover Sheet and Letter of Support Template for PCP) to your PCP's office.

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25-CFD-4339436343

FAX Cover Sheet

Date: To:

FAX:

Phone:

Sender:

Re: **LETTER OF SUPPORT FOR**

☐Urgent ☐Please Reply

Message from AdventHealth Weight Loss and Bariatric Surgery

Dear PCP,

Your patient has chosen our weight-loss program to start living a healthier lifestyle. Their insurance carrier requires a typed and signed LETTER OF SUPPORT from their PCP to be sent to us. The attached Letter of Support Template for PCP has details for the specific patient information and the criteria that MUST be included in the letter, as well as our offices contact information and the FAX number to send us the patient's signed Letter of Support.

If you have any questions, regarding this request for the Letter of Support, please contact our office or your patient.

Thank you in advance,

AdventHealth Medical Group Weight Loss and Bariatric Surgery
410 Celebration Place, Suite 401A | Celebration, FL 34747
407-303-3820 | 407-303-3821 FAX
AdventHealthWeightLoss.com

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Letter of Support Template for PCP

Dear PCP,

Please find below the instructions and the information that must be included in the patient's Letter of Support.

1. TYPED and SIGNED letter on PCP office letterhead

2. Addressed to: AdventHealth Medical Group Weight Loss and Bariatric Surgery
   410 Celebration Place, Suite 401A, Celebration, FL 34747

3. Patient's FULL NAME and DATE OF BIRTH

_____

4. How long they have been in your care

_____

5. Types of weight-loss attempts they have tried (i.e., Jenny Craig, Weight Watchers, medication, etc.)

_____

6. Any medical conditions that would benefit from weight-loss surgery (i.e., diabetes, sleep apnea, DBP, etc.)

_____

7. Most current height and weight and calculated BMI

_____

8. Whether or not you, as their provider, support this decision for bariatric surgery

9. Any additional information needed per insurance company

_____

10. Your Patient's Information

Patient Name: _____

Patient Date of Birth: _____

Patient Phone Number: _____

11. Please FAX the signed letter to 407-821-3541.

AdventHealth Medical Group Weight Loss and Bariatric Surgery
410 Celebration Place, Suite 401A | Celebration, FL 34747
407-303-3820 | 407-303-3821 FAX
AdventHealthWeightLoss.com

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