



11.1 BARIATRIC SURGERY REFERRAL GUIDELINE

Surgical Weight Control Center
Surgicalweightcontrolcenter.com
2850 W. Horizon Ridge Pkwy., #100
Henderson, NV 89052
Phone: (702) 313-8446
Fax: (702) 221-8446

Please submit the referring patient's information to the office. Patient may need to attend an informational seminar prior to proceeding with surgical guidelines. Please inform patient to bring Insurance card and ID to appointments.

Dietary Guidelines:

The length of diet is dependent upon member's benefit plan:

HPN HMO/POS (Tier 1 benefit): requires 6 consecutive months of diet within the past 24 months.

Medicaid/Nevada Check-up: requires 3 consecutive months of diet within the year of surgery.

If diet requirement is not yet met, please refer member to Health Education and Wellness Center to schedule their medically supervised nutrition counseling appointment: (702) 877-5356
Inquiries regarding out of pocket member costs related to Gastric Bypass surgeries should be directed to Member Services:
HPN: (702) 242-7300
Medicaid/Nevada Check-up: (702) 242-7317