



About the AGH New Direction Medical Weight Loss Program

a service provided by the Atlantic Bariatric Center

Obesity is a major health risk that is serious and costly. According to the CDC, more than three in five American are overweight. One-third is obese. Obesity related conditions include heart disease, high blood pressure, high cholesterol, stroke, type 2 diabetes, and certain types of cancer. Like other chronic diseases, obesity requires responsible, comprehensive treatment, including ongoing care.

An Alternative Option for Weight Loss

The AGH New Direction Medical Weight Loss Program provides the treatment needed to achieve long term success. Our bariatric team includes the medical director, Dr. Zarif, our nurse practitioner, Angela Simmons, CRNP, CBN, Bariatric Coordinator & nurse practitioner, & our registered dietitians, Amy Gehrig, RD, & Amanda Buckley, RD.

Together with our patients, our providers create individualized plans for improvement in nutrition, activity, & emotional well-being. Goals focus on helping our patients achieve permanent weight loss through life long changes in dietary, exercise, & behavioral patterns. Personalized plans incorporate each patient's individual challenges & life goals. Our staff communicates with our patients' primary care providers & reports to them periodically as needed in order to facilitate practical & safe management of each patient. Periodic lab tests, EKGs, & other types of testing are ordered as needed based on individual patient needs & monitoring protocols.

Weekly support groups augment education provided during office visits & provide additional opportunities for accountability through weight monitoring & open discussions. These groups are casual & intimate, & are run by our Nurse Practitioner & Registered Dietitian. Research shows that support groups & peer support helps patients form new eating, exercise, & coping habits thus promoting better weight management skills. Atlantic General Hospital and Health System associates have the opportunity to take advantage of the service, supported by the Associates Getting Healthy Wellness Program & covered by Atlantic General's Insurance Plans.

*The program approaches individual weight loss goals in stages.

- Stage 1: Screening. Patients are medically screened during this phase to see if it is safe for them to participate in the New Direction program. The screening process occurs during the initial appointment & includes a physical examination, review of medical history & laboratory testing.
- Stage 2: Reducing/Active Weight Loss. During this phase, patients will aim to lose 85-90% of their excess weight _____. Using the system's nutritional products, participants begin to learn & practice weight management skills without the influence of much grocery food. This may take several months. Patients should expect to lose 1-3-5 lbs a week, on average.
- Stage 3: Adapting/Transitioning to primarily grocery food. In this phase, patients will aim to lose the last 10-15% of their excess weight _____. Practicing newly acquired eating & exercise habits, participants gradually return to grocery meals while still allowing them to stay in control of their eating.
- Stage 4: Sustaining/Maintenance-This stage aims to keep you within 5 lbs of your goal weight by continuing to give support using relapse prevention & individualized meal plans to help patients live a healthier lifestyle.

Frequently Asked Questions

Q. What kind of diet will I follow?

A. During the weight loss phase you will follow a low calorie diet consisting of delicious drinks and bars specially formulated to provide the necessary proteins, carbohydrates, vitamins and minerals that you need, in addition to healthy grocery food. The meal replacement products can be used to supplement lean/green meals.

Q. What are the health benefits of the program?

A. Weight loss can improve, reverse or even prevent serious medical conditions, including type 2 diabetes, high blood pressure, cardiovascular disease and high cholesterol. It can also reduce joint and back pain, and dramatically improve your energy and mood.

Q. How do I know which diet plan is best for me?

A. AGH New Direction staff will take into account your BMI, weight loss goals and health status to determine the appropriate diet plan for you.

Q. How much weight can I expect to lose?

A. This may be everyone's top question! It depends on several factors including your weight, age, gender, and activity level. A loss of one to three pounds a week is considered a healthy rate of weight loss & typically predicts a sustainable loss for the future.

Q. How much does the program cost?

A. There are several price components of the program.

- A program fee of \$150 will be due at signup. This fee covers weekly weights, education and support group sessions.
- Depending upon your needs, the program drinks and bars should be no more than \$40-50 a week for breakfast, lunch and snacks. That's less than \$3 a meal.
- Patients will need to provide co-payments and/or co-insurance fees for any necessary physician checkups, nutrition consultations, blood work, and EKGs as determined by the program administrators.

Q. It might be hard for me to pay for the program fee all at once. Do I have options?

A. Absolutely! Speak to someone at the front desk about payment options.

Q. But, still, that seems expensive. Is it worth it?

A. Motivated individuals who stick with the program find it to be well worth the investment. The cost, both financially and physically, of the complications and disease risks tied to being overweight, are much greater than the cost of the medical weight loss care provided through AGH New Direction.

Q. When does the program start?

A. Each individual person decides when it is best for him or her to start.

Q. How do I enroll?

A. Call or e-mail Angela Simmons, CRNP, CBN, Bariatric Coordinator, at 410-641-9568 or asimmons@atlanticgeneral.org to begin the enrollment process.



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Insurance

Guidelines

Coverage for weight loss surgery and preparation for surgery vary greatly from policy to policy. This document is designed to help you determine your level of coverage and the requirements of your individual plan. Start by calling the number on the back of your insurance card. Ask to speak with a “benefits” representative or someone about “pre-authorization” for bariatric services.

Insurance Company/Representative’s Name: _____ Policy Number:

- Ask the representative to look up your particular policy by your policy number.

Does my policy cover Non-surgical Bariatric services (Provider visits & labs) Yes / No

- If the answer is No, ask if there are any exemptions for medical reasons such as Diabetes, High Blood Pressure, High Cholesterol, or other medical issues.

- What are the requirements to be authorized for coverage?

- Do I need supervised weight loss attempts with a Dietician? Yes / No

- If Yes, for how long? _____ Do they need to be consecutive? Yes / No

- Do I need any specific studies? (i.e. UGI) Yes / No

- Do I need to journal food/exercise? Yes / No

- Do they cover Nutritionists/Dietitian visits? Yes / No

- If the answer is yes, do they cover services provided by Atlantic General Hospital? Yes / No

- Does insurance cover medical supervision of treatment programs? Yes / No

- Do I need referrals for initial consultation with the nutritionist, or other providers? Yes / No



New Direction Patient Contract/Agreement

I, _____ wish to enroll in the New Direction medical weight loss program through Atlantic General Hospital.

I, the patient understand & agree to the following:

1. I am committing to making necessary lifestyle changes required to lose weight. This will likely be difficult, but I know it is worth my effort, time, & money.
2. It may take a long time to reach my goal. I did not become overweight in a week or month, & cannot expect to lose my excess weight in that amount of time. I must be patient with myself & my providers along this journey.
3. My health care team will not judge me. They are here to provide me with the resources & guidance I will need to be successful, to give me encouragement & reassurance when I need it.
4. I will try to focus on the positive. Always. When I am struggling, I will reach out to my team.
5. This is a life-long commitment I am making to myself.
6. In order to succeed I will need to attend regular visits with the Registered Dietician, & Nurse Practitioner. I will also be required to undergo initial lab & EKG testing, then routine lab monitoring every 4 weeks at the discretion of the Nurse Practitioner in order to ensure my safety & health throughout my program.
7. I also understand that I must attend weekly support groups which focus on nutrition or behavioral modification or exercise. I must commit to attending at least 2 out of 4 meetings per month to be able to learn new information & how to implement changes.
8. I will purchase the ND products for my own use, & understand that these are not returnable.

Our Commitment to you: The Bariatric Team at AGH pledges to empower you with knowledge & skills necessary to take control of & responsibility for your own weight management in a safe, effective, & dignified manner. We will do our best to support all of your efforts to lose weight in a way that is fashioned & tailored to your individual needs & desires.

Patient Signature: _____

Bariatric Coordinator Signature: _____

Name: _____ Date of Birth: _____

Nutrition Assessment Form (Fill out & bring in for initial Dietitian visit.)

Age: _____

E-mail Address: _____ Phone: _____

Live with: Spouse Family Friend Alone

Employment: Full-Time Part-Time Retired Student Other _____

Occupation: _____ Work Hours: _____

Have you seen a dietitian before? Yes No

If yes, for what diet? _____ When? _____ Where? _____

Have you had any previous weight loss surgeries? Yes No

If yes, what type(s)? _____ When? _____

Diets/Weight plans tried in the past: _____

Height: _____ Present Weight: _____

Highest Adult Weight/Age: _____ Lowest Adult Weight/Age: _____

Recent weight change? Yes No How many pounds lost? _____ Gained? _____

What would you like to weigh? _____

What age did you begin to gain excess weight? _____

Looking back, what would you attribute the weight gain to at that time?

What is the main reason you have been unable to lose weight (or maintain lost weight)?

Please check if you are currently taking any of the following:

Multi-vitamins: brand: _____

Single Vitamins (Vitamin C, E, etc): type(s):

Calcium: type: _____ amount:

Herbs: type(s):

Other:

Food Allergies/ Intolerances: _____

Please check (✓) everything below that describes your eating pattern and/or lifestyle behaviors:

	1. I eat large portions, get seconds or overfill my plate		11. I don't take time to plan healthy meals ahead
	2. I skip meals or go for longer than 5 hours between meals		12. I am tempted by family/friends to eat unhealthy foods
	3. I dine out (includes carry-out) more than 3 times a week		13. I lack the knowledge to cook healthy
	4. I frequently eat fried foods, fast foods and high fat foods		14. I never feel "full" or satisfied after eating
	5. I frequently eat sweets and desserts (candy, cakes, cookies)		15. When dieting, I go to extremes
	6. I graze (snack on food all day long while doing other things (reading, watching TV, computer work)		16. I drink less than 64 ounces (8 cups) daily (all fluids count)
	7. I eat too quickly		17. I usually drink two or more alcoholic beverages daily
	8. I am an emotional eater (I eat when I am stressed, bored, anxious...)		18. My work schedule hinders my weight loss efforts
	9. I am so busy, I forget to stop and eat		19. I would have a difficult time reducing or giving up: _____
	10. I am a "picky" eater		Other:

Goals & Readiness Assessment

1. I want to lose weight because:

2. My nutrition-related goals are:

3. If I could change 3 things about my health & nutritional habits, they would be:

4. The biggest challenge(s) to reaching my nutrition/weight loss goals are:



Support Group

Support group is an important part of your weight-loss journey, this is also where you will pick up your protein drinks & bars for the next week.

Meetings will take place either on-line or in the office conference room on the following days and times:

TUESDAYS (2nd & 3rd in office & 1st & 4th on-line)

5 PM

Or

WEDNESDAYS (always in office)

12 PM

E-mail instructions will be sent for info on how to join on-line groups with Zoom. Please call 410-641-9568 if you have any questions or concerns.



CONSENT FOR PUBLICITY RELEASE

Atlantic General Hospital, Berlin, Maryland

DATE: _____

TIME: _____

NAME OF PATIENT, PHYSICIAN, ASSOCIATE, OR VOLUNTEER:

Permission is granted to use the name and/or photograph of the above in connection with publicity for Atlantic General Hospital/Health System.

**DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT,
UNDERSTAND IT AND AGREE WITH WHAT IT SAYS.**

Patient/ Physician/ Associate/ Volunteer or Guardian Signature:

Patient/ Physician/ Associate/ Volunteer or Guardian Print Name:

Relationship of Guardian to Patient: _____

Witnessed By (Please provide Signature): _____

Please Print Name of Witness: _____

***The patient must sign this consent unless he or she is**

A- Incompetent B- under 18 and unmarried

***Signature by a legal Guardian or Representative must be obtained in the event the patient is unable to sign this consent due to A and/or B.**



Save Money While You Lose Weight

How the New IRS Policy Can Help You Deduct the Cost of Your Weight Loss Program

Q: What is the new IRS policy, and what does it mean to me?

A: The IRS states, under “Medical and Dental Deduction” in Publication 502, that “you can include in medical expenses the cost of a weight-loss program undertaken at a physician’s direction to treat an existing disease (such as heart disease) . . . ” This is good news for you if you pay out-of-pocket for your weight loss program.

Q: Am I eligible?

A: You’re eligible if you meet the following criteria. First, your doctor must direct you to lose weight to help improve an existing disease that is likely to benefit from weight loss treatment, such as heart disease, hypertension, high cholesterol or type 2 diabetes. Second, you’re eligible if you itemize your deductions or you have a Medical Savings Account (MSA) or Flexible Savings Account (FSA) through your employer. (*FYI:* Medical expenses are tax deductible if they exceed 7% of your adjusted gross income and are not reimbursed by health insurance agencies.)

Q: Which expenses can I deduct?

A: Thanks to the new policy change, you can now deduct a wide variety of costs associated with your weight loss program. You can deduct the services of physicians, dietitians, nutritionists, behavioral counseling, physician- and hospital-based weight loss programs, commercial weight loss programs, weight loss drugs and bariatric surgery.

Q: Which expenses cannot be deducted?

A: You cannot deduct health club dues, exercise equipment, over-the-counter diet aids, low-fat foods or dietary supplements.

A: Ask your doctor to write a note affirming that you have a disease that would benefit from weight loss treatment. Make sure he records the earliest date in the year 2000 that he diagnosed this disease. Keep receipts from all deductible weight loss program expenses. Consult with a professional tax advisor to see how to incorporate this information into your tax return and to discuss your individual situation.

Q: Will this new policy affect my private health insurance or Medicare coverage for obesity treatment using a weight loss program?

A: Some health plans do provide coverage for treating obesity—you’ll need to review the terms of your individual plan. Also, a new Medicare benefit makes Medical Nutrition Therapy (MNT) available to seniors to help them manage diabetes and kidney disease, and it establishes registered dietitians as Medicare providers. The American Dietetic Association will continue its campaign urging Congress to expand this MNT benefit to cover patients with heart disease, high cholesterol and other life threatening diseases.

**ATLANTIC GENERAL BARIATRICS
NEW DIRECTION PRODUCT ORDERING FORM**

PATIENT NAME: _____

TODAYS DATE: _____

PATIENT #: _____

PAYMENT METHOD: _____

DOB: _____

TOTAL: _____

BARS \$8	QTY	BEVERAGES \$16	QTY	PUDDINGS \$16	QTY
15 Gram Variety		Chocolate		Chocolate	
10 Gram Variety		Chocolate w/Fiber		Lemon w/Fiber	
Caramel Cocoa (15G)		Hot Cocoa		Natural Chocolate	
Choc Almond (15G)		Mocha		Vanilla	
Cinnamon (15G)		Pineapple Apricot		SNACKS	QTY
Fudge Graham (15G)		Strawberry		Fudge Brownie Squares (\$5)	
Lemon Meringue (10G)		Vanilla		Honey Mustard Snack (\$1)	
Marshmallow Brownie Crisp (10G)		Vanilla w/Fiber		Iced Cinnamon Squares (\$5)	
Oatmeal Cinnamon (14G)		Nat Choc w/Fiber		Mini Crisps Chocolate (\$5)	
Oatmeal Cinnamon Raisin (10G)		Nat Chocolate		Sour Cream & Onion (\$1)	
Peanut (15G)		Nat Hot Cocoa		Tasty Bites Party Mix (\$1)	
Peanut Butter Bar (14G)		Nat Mixed Berry Smoothie		Tasty Bites Pizza (\$1)	
Peanut Butter Mousse (10G)		Nat Vanilla		SOUPS \$16	QTY
Peppermint Cocoa Crunch (15G)		Nat Vanilla w/Fiber		Cheddar Broccoli	
Salted Caramel (14G)				Cream of Chicken	
Shortbread Cookie (15G)				Natural Cheddar Broccoli	
Vanilla Caramel Crunch (15G)		CEREALS \$8	QTY	ENTREES	QTY
		Cinnamon Crisp		Cheesesteak Pasta \$8	
		Cocoberry		Fettucini Alfredo \$5	
				Macaroni & Cheese \$5	
		STANDARD CUP (\$1)		Vegetarian Chili w/Beans \$8	
		SHAKER CUP (\$7)		Vegetarian Sloppy Joe \$8	

All orders can be made between 8am-4pm, Monday thru Friday. Orders need to be placed & picked up at least 15 minutes prior to support groups. Payment is expected at the time of pick up. To place an order by phone a debit and/or credit card is required at the time of call.

SUPPORT GROUPS: TUESDAYS AT 5PM & WEDNESDAYS AT 12PM