



Cardinal Medical Weight Loss Center

Insurance Waiver

I _____ am aware that Weight Loss Programs are not considered medically necessary and not covered by my insurance. I am responsible for all cost related to this service.

I understand that the program will encompass:

- ✓ A complete Bariatric history and physical exam emphasizing dietary habits, dietary history, history of eating disorders. \$250.00 first visit plus meal plan cost.
- ✓ An EKG
- ✓ A calculation of body composition
- ✓ Prescribing anorectic medication when necessary
- ✓ Close weekly to bimonthly patient monitoring and follow ups at \$75 per visit
- ✓ Provide a meal plan which includes necessary supplements at an additional cost.

Signing below means that you have received and understand this notice. You also receive a copy.

Patient's Signature

Date