

Molina Apple Health (Medicaid) Bariatric Surgery Program Request for weight revision

Fax this completed form and required documentation to (800) 767-7188

Section 1: General information			
Provider information			
Name of Provider:			
Provider NPI:	Phone:		Fax:
Member information			
Member Name:		DOB:	
Member Phone:		Molina Member ID:	
Section 2: Weight revision information			
Stage II Authorization #:			
Reason for weight revision request:			
All weight revision requests must include supportive documentation.			
Proposed new weight:			
Date obtained:			