

Great Lakes Weight and Wellness
OPTIFAST® Commitment Agreement

For our part of this agreement, we commit to:

1. Provide you with the best professional services we can.
2. Maintain confidentiality.
3. Help you with insurance issues.
4. Be available for phone consultation.
5. Call you if you are absent and we have not heard from you.
6. Send periodic progress reports to your primary care physician.
7. Give you a \$100.00 refund if you have met the attendance policy for the last 6 months of the program. (See # 2 below.)

For your part of this agreement, you commit to:

1. Arrive on time.
2. Attend regularly. This is defined as no more than 3 missed group sessions, regardless of reason, for the duration of this program. _____ **Patient initials**
3. Call the office or the group leader **in advance** if you are unable to attend a meeting. If you are in the active weight loss phase, call the office to make arrangements to come in during the week to see a program physician for a medical check and to pick up more OPTIFAST.
4. Be especially careful not to miss meetings while in active weight loss. This means not scheduling vacations or business trips during this time.
5. Complete all “homework” assignments. These are critical to reversing habits that contribute to your weight problem and creating a healthier lifestyle.
6. Let us know if there is something that bothers you about the program or the staff. In most situations, the group leader is probably the best person to talk to about problems.
7. Notify a program physician regarding any changes in medications or in your medical status.
8. See a program physician and have all lab tests, and EKG's as scheduled.
9. Pay weekly for the current week's fees, and/or abide by your payment plan. It may be necessary to purchase additional formula if the program physician believes that

you are losing weight too quickly and it is necessary to slow weight loss through extra calories, or, if with the physician's permission, you are extending your active weight loss or modifying your program.

10. **Pay for each week, regardless of attendance.** We have learned that regular attendance is critical to immediate and long term weight loss success. We commit to being here regularly for you. In addition, we must pay for our expenses related to your treatment, whether or not you attend. If another group session is available during the week, you may attend that session instead. _____ **Patient initials**
11. Understand that the OPTIFAST[®] products and supplies are not likely to be reimbursed by insurance. Check with your insurance carrier regarding the medical portion of the program.

I acknowledge that I have read the OPTIFAST Commitment Agreement and have had ample opportunity to discuss any and all of my questions. I understand that regular progress reports will be sent to my primary care physician. I understand and accept the rules of this Agreement.

_____ Date _____
Signature of Patient

_____ Date _____
Signature of Program Director

_____ Date _____
Signature of Medical Director