Patient Name ___________________________ Date of Birth ________________

**Dietitian Charges**
- Initial Dietitian Assessment $60.00
- Follow Up Dietitian Assessment $30.00
- Group Classes (per person) $20.00
- Bariatric Preoperative Kit $125.00-160.00

**Mental Health Assessment**

**Physician Charges for Lap Band Fills/Unfills:** Fill/Unfill - S2083
- Initial Assessment $250.00
- CHRISTUS Southeast Texas St. Elizabeth 110.00

- Physician Charge 150.00
- CHRISTUS Southeast Texas St. Elizabeth 110.00
  (filed on insurance as applicable)

****THESE FEES WILL NOT BE FILED ON YOUR INSURANCE****

I am aware that these services are not filed on my insurance and therefore, I am responsible for payment when services are rendered.

Patient’s Signature: ___________________________ Date ______________

Rev. 03/19