



Molina Apple Health (Medicaid) Bariatric Surgery Program Exception request for Stage II

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: Program exception information		
Stage I/II Authorization #:		
Reason for exception request: <input type="checkbox"/> Unable to lose 5% of his or her initial body weight <input type="checkbox"/> Delay due to additional testing <input type="checkbox"/> Major health issues <input type="checkbox"/> Other, please specify _____		
Current weight (lbs):	Date:	
Number of completed Registered Dietician visits:		
Please indicate specifically what portion of the program requirements you are requesting to be waived: _____		
All exception requests must include supportive documentation and a summary detailing medical issues or barriers.		