



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:		