



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: