



**BARIATRIC SURGEON
CASE VOLUME ATTESTATION**

I, _____ (Print: Provider Name), attest that the information reported below accurately reflects the volume of bariatric surgery cases in which I was both proctored and served as a primary surgeon, within the last three (3) years. I do hereby attest that this information is true, accurate, and complete to the best of my knowledge.

I understand Inland Empire Health Plan (IEHP) reserves the right to require me to provide clinical documentation verifying the attested bariatric surgery cases below, which I agree to provide upon IEHP's request.

1. _____ Volume of applicant's proctored cases

2. _____ Volume of cases where applicant was primary surgeon
* IEHP requires a minimum of twenty (20) cases where the applicant was the primary surgeon

PROVIDER'S SIGNATURE

DATE