

UCDMC Bariatric "Optifast" Weight Loss Program Financial Commitment & Product Policy & Procedures

Financial Commitment: Week to Week

\$ 90 Start Up Kit (non-refundable)

Medical Visit Copay- dependent on insurance (total of 3 visits)

#of Products	Per Week	Transition Weeks (3)
5	\$137.50	\$110/82.50/55
6	\$165	\$137.50/110/82.50
7	\$192.50	\$165/137.50/110
8	\$220	\$192.50/165/137.50

Product Purchase Policies and Procedures:

1. You will be required to purchase the following meal replacement products:
 - Full meal replacement for ____ weeks, which includes ____ products per day.
 - Products to choose from include ready to drink shakes, powder shakes, bars, and soups
2. Product will be purchased once weekly in clinic, at the time of product pick-up.
3. You must attend your weekly weight check in clinic.
4. The program cannot exchange meal replacement products once they have left the building.
5. **No refunds** will be given for meal replacement products.
6. You may not sell the meal replacement products purchased through this program.
7. The meal replacement product is not to be stored in extreme temperature (e.g., a car exposed to the summer heat). The product is best stored at room temperature.

I acknowledge that I have read the Medical Weight Management Program Policies & Commitments and have had ample opportunity to discuss any and all of my questions. I understand that progress reports may be sent to my primary care physician as appropriate. I understand and accept my responsibilities as outlined in this agreement.

Signature of Participant: _____

Date: _____

Signature of Program Facilitator: _____

Date: _____