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QUESTIONNAIRE FOR FTM, MTF or Non-Binary/Gender Neutral Top Procedure(s):
(This information is required by your insurance company. PLEASE COMPLETE ALL QUESTIONS)

Today's Date: _____
Patient Name: _____ DOB: _____
Insurance Company: _____ Member ID#: _____

1. I have successfully lived and worked within the desired gender role full-time without returning to original gender (years, months, etc.) including one or more of the following: Part or fulltime employment, student in an academic setting, community based volunteer activity for _____ (#) •Months •Years

Other: _____

2. I have been receiving hormone therapy from a qualified medical professional (e.g. testosterone, estrogen, etc.) for:

_____ (#) •Months •Years

The name of my provider responsible for hormone therapy is: _____

They are located at: _____

Their contact phone number is: _____

•Check this box if you have more than one medical professional who is responsible for your hormone therapy. The name of my second provider responsible for hormone therapy is: _____

They are located at: _____

Their contact phone number is: _____

3. I have undergone therapy for my transition with a qualified licensed mental health/behavioral health professional with expertise in the field (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D) for:

_____ (#) •Months •Years

The name of my provider responsible for therapy is: _____

They are located at: _____

Their contact phone number is: _____

•Check this box if you have more than one medical professional who is responsible for your behavioral health therapy.

The name of my second provider responsible for behavioral therapy is: _____

They are located at: _____

Their contact phone number is: _____

4. I have already acquired a legal-gender-appropriate name change on: _____

•I intend to in the future •I do not intend to in the future •N/A

Your health insurance plan (as well as Dr. Bartlett) requires the following letters if you intend to have transgender Male-to-Female, transgender Female-to-Male, or non-binary/gender neutral top surgery. Every insurance plan has different requirements for the letters. Once you have your consultation with Dr. Bartlett, we will review the medical policy with you in order to determine if you meet criteria and what will be required from your providers. Please see below for general guidelines.

1. Therapist Letter should address the following:

**PLEASE NOTE: Most health plans require that the behavioral health professional have a doctoral degree (Ph.D., M.D., Ed.D., D.Sc., D.S.W., or Psy.D)*

- Documented GID (Gender Identity Disorder)
- How long you've been treated by your therapist for GID
- How long you've lived as the opposite sex without returning to original sex
- Therapist should state whether or not you have the mental capacity to make a fully informed decision for surgery
- If there are any mental or medical concerns they need to be well controlled

**The treatment plan must conform to the World Professional Association for Transgender Health Association (WPATH) standards (WPATH 6th edition)*

***Please note: We know there is a new version of WPATH (7th edition). Until the insurance companies change their criteria to the new version, we will continue to use WPATH version 6. Thank you.*

2. Treating Clinician for hormone therapy should address the following:

- Documented treatment of hormone therapy and duration

**The treatment plan must conform to the World Professional Association for Transgender Health Association (WPATH) standards (WPATH 6th edition)*

Please note: We will not submit a prior approval request to your health insurance plan until we have all the letters and information required (see above). If you are a self-pay patient, we cannot schedule surgery until Dr. Bartlett reviews your letter(s). We highly recommend you bring these letters with you to your consultation appointment.