Please fax the completed form to 909-568-2191



255 E. Bonita Avenue Pomona, CA 91767 Surgery Scheduling 909-568-2180 or 909-596-7733 x 2591

## SURGICAL SCHEDULING FORM

Procedure Procedure Requested date Requested time Procedure Details  Diagnosis  CPT Code(s)  ICD-10 Code(s)  Anesthesia General Regional MAC Moderate Sedation Local  Anticipated Post-op Level Outpatient Am Admission (Med/Surg - ICU) Observation (23 hour hold)  Special Equipment/Implants Rep Phone Number: Date Contacted:  DME required after surgery Yes No What is required?  Comments/Special Patient needs  Insurance Information  Please attach copy of insurance card.  Insurance Insurance id applicable)  Insurance name Subscriber  Insurance name Subscriber  Insurance name Subscriber  Insurance name Subscriber  Insurance ID Number PPO HMO  (Casa Colina use only)  Confirmation Account Number  Account Number  Procedure Requested date Requested time Requested time  Requested date Requested time Requested time  Requested date Requested time  Requested time Requested time  Requested date Requested time  Repleason  Account Number	Patient Information		Date
Address	Patient Name		Gender 🖵 Male 📮 Female
Home Phone	DOB		SSN
Primary Care Physician Surgeon Name Assisting Surgeon Surgeon Office Contact Phone Procedure Information Procedure Procedure Description Length of Procedure Requested date	Address		City Zip
Surgeon Name	Home Phone		Alternate/Cell Phone
Surgeon Office Contact Phone	Primary Care Physician		
Procedure Information Procedure Procedure Procedure Requested date Requested time Procedure Details  Diagnosis  Diagnosis  CPT Code(s)  CID-10 Code(s)  Anesthesia General Regional MAC Moderate Sedation Local Anticipated Post-op Level Outpatient AM Admission (Med/Surg - ICU) Observation (23 hour hold)  Special Equipment/Implants  Vendor: Rep Name: Rep Phone Number: Date Contacted:  DME required after surgery Yes No What is required? Office to arrange & patient will bring  Comments/Special Patient needs  Insurance Information Please attach copy of insurance card.  Insurance Insurance (if applicable)  Insurance name Subscriber Insurance name Subscriber Insurance ID Number HMO  Secondary Insurance (if applicable)  Insurance ID Number Account Number HMO  Casa Colina use only)  Confirmation  Account Number Account Number	Surgeon Name		Assisting Surgeon
Procedure Procedure Requested date Requested time Procedure Details  Diagnosis  CPT Code(s)  ICD-10 Code(s)  Anesthesia General Regional MAC Moderate Sedation Local  Anticipated Post-op Level Outpatient Am Admission (Med/Surg - ICU) Observation (23 hour hold)  Special Equipment/Implants Rep Phone Number: Date Contacted:  DME required after surgery Yes No What is required?  Comments/Special Patient needs  Insurance Information  Please attach copy of insurance card.  Insurance Insurance id applicable)  Insurance name Subscriber  Insurance name Subscriber  Insurance name Subscriber  Insurance name Subscriber  Insurance ID Number PPO HMO  (Casa Colina use only)  Confirmation Account Number  Account Number  Procedure Requested date Requested time Requested time  Requested date Requested time Requested time  Requested date Requested time  Requested time Requested time  Requested date Requested time  Repleason  Account Number	Surgeon Office Contact		Phone
Procedure description	Procedure Information		
Procedure description	Procedure		
Diagnosis  CPT Code(s)  ICD-10 Code(s)  Anesthesia			
Diagnosis  CPT Code(s)  ICD-10 Code(s)  Anesthesia  Anticipated Post-op Level of care  Special Equipment/Implants  Rep Phone Number:  Rep Phone Number:  Date Contacted:  DME required after surgery  Yes  No  What is required?  Office to arrange & patient will bring  Comments/Special Patient needs  Insurance Information  Please attach copy of insurance card.  Insurance ID Number  Secondary Insurance (if applicable)  Insurance name  Subscriber  Insurance ID Number  Account Number  Account Number  Account Number	Length of Procedure	Requested date	e Requested time
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CPT Code(s) ICD-10 Code(s) Anesthesia			
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Anesthesia	` '		
Anticipated Post-op Level of care	ICD-10 Code(s)		
of care  Special Equipment/Implants  Per Phone Number:  DME required after surgery  DME required after surgery  Office to arrange & patient will bring  Comments/Special Patient needs  Insurance Information Please attach copy of insurance card.  Insurance ID Number  Descondary Insurance (if applicable)  Insurance name  Subscriber  Insurance ID Number  Descondary Insurance (if applicable)  Insurance ID Number  Account Number  Account Number		☐ General ☐ Regional ☐ M	IAC • Moderate Sedation • Local
Rep Phone Number: Date Contacted:  DME required after surgery Pes No What is required?  Office to arrange & patient will bring  Comments/Special Patient needs  Insurance Information Please attach copy of insurance card.  Insurance name Subscriber Insurance ID Number PPO HMO  Secondary Insurance (if applicable)  Insurance ID Number PPO HMO  (Casa Colina use only)  Confirmation Account Number  Account Number	*	Outpatient AM Admission	(Med/Surg - ICU)
DME required after surgery	Special Equipment/Implants	Vendor:	Rep Name:
Comments/Special Patient needs  Insurance Information Please attach copy of insurance card.  Insurance ID Number		Rep Phone Number:	Date Contacted:
Insurance Information Please attach copy of insurance card.  Insurance ID Number Subscriber Insurance (if applicable) Insurance name Subscriber Insurance ID Number PPO	DME required after surgery	What is required.	
Insurance Information Please attach copy of insurance card.  Insurance name Subscriber Insurance ID Number PPO			
Insurance name Subscriber Insurance ID Number PPO _ HMO  Secondary Insurance (if applicable)  Insurance name Subscriber Insurance ID Number PPO _ HMO  (Casa Colina use only)  Confirmation Account Number	Insurance Information		
Insurance ID Number PPO  HMO  Secondary Insurance (if applicable)  Insurance name Subscriber  Insurance ID Number PPO  HMO  (Casa Colina use only)  Confirmation Account Number	Please attach copy of insurance	re card.	
Secondary Insurance (if applicable)  Insurance name			Subscriber
Insurance name	Insurance ID Number		□ PPO □ HMO
Insurance ID Number PPO  HMO  (Casa Colina use only)  Confirmation  Account Number	Secondary Insurance (if application)	able)	
(Casa Colina use only)  Confirmation Account Number	Insurance name		Subscriber
Confirmation Account Number	Insurance ID Number		□ PPO □ HMO
	(Casa Colina use only)		
Case Confirmation Number Scheduler's name	Confirmation		Account Number
	Case Confirmation Number S		Scheduler's name