

# Overlake Medical Center

## SCHEDULING and HOSPITAL PRE-AUTHORIZATION

OVERLAKE CENTRALIZED SCHEDULING PHONE: (425) 688-5700 FAX: (425) 688-5710

Office Contact		Phone		Fax	
Date of Surgery		Surgery Start Time		Status: IP <input type="checkbox"/> OP <input type="checkbox"/> OP/23HR <input type="checkbox"/>	
Location: IPS OPS SPU		SPA appointment needed? Y N			
Physician/Surgeon				Assistant	
PCP/Referring Physician				Phone	
Patient Name: LAST		FIRST		MI M <input type="checkbox"/> F <input type="checkbox"/>	
Date of Birth		SSN			
Address		City		State Zip	
Home Phone		Work Phone		Cell Phone	
Parent/Guardian (If patient is a minor)				Relationship	
				DOB	
Diabetic Y <input type="checkbox"/> N		Latex Allergy Y N		MRSA <input type="checkbox"/> TB <input type="checkbox"/> VRSA <input type="checkbox"/> Inmate	
Does Patient Need an Interpreter? Y N		If Yes, Language:		ASL? Y N	
Diagnosis					
ICD-10 code(s)					
Procedure(s)		Expected Duration		Site Right Left Bilat N/A	
Anesthesia: General MAC Local Other					
CPT Code(s)					
Implants/Equipment/Special Instructions/Position					
If Pathway: OPS IPS Time: BHC Time: NucMed MRI CT Time: Surgery Time:					
L&I Y N		L&I Claim #		L&I Date of Injury	
PRIMARY INSURANCE				Authorization #	
Policy #				Group #	
Subscriber		Subscriber DOB		Relationship	
SECONDARY INSURANCE				Authorization #	
Policy #				Group #	
Subscriber		Subscriber DOB		Relationship	
NOTES					
ICD Y N		Manufacturer		Model# Serial#	