Overlake Medical Center SCHEDULING and HOSPITAL PRE-AUTHORIZATION

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

Office Contact Ph				Phone			Fax			
Date of Surgery Start Time				Status: IP OP OP/23HR						
ocation: IPS OPS SPU SPA appointment needed? Y N										
Physician/Surgeon					Assistant					
PCP/Referring Physician					Phone					
Patient Name: LAST FIRST					MI M F D					
Date of Birth			SSN	FINST			IVII	IVI	<u> </u>	
Address				City		State	Zip			
Home Phone		Work Phone		City	Cell Phone	State	Ζίμ			
Parent/Guardian					Relationship					
(If patient is a minor		DOB								
Diabetic Y \(\sqrt{N} \)	Latex Allerg	y Y N		MRSA □	тв 🗆	VRSA □		Inmate	حـــــــــــــــــــــــــــــــــــــ	
					15 🗕	V11.571 L	ASL?		N	
Does Patient Need an Interpreter? Y N If Yes, Language: ASL? Y N Diagnosis										
Diagnosis										
ICD-10 code(s)										
	ected Duration		Sit	Δ		Right Le	ft D	ilat	N/A	
Trocedure(3)	ected Daration		510			Inglit Le	it b	liat	N/A	
Anesthesia: Genera	l MAC	Local O	ther							
	IVIAC	LOCAI O	uiei							
CPT Code(s)		/p								
Implants/Equipmen	t/Special Instruct	ions/Position								
		DUC =:					C	. T :		
If Pathway: OPS	IPS Time:	BHC Tim	e: Nu	ıcMed N	/IRI CT	Time:	Surgery	/ Time:		
L&I Y N	L&I Claim #				I	L&I Date of	injury			
PRIMARY INSURANCE					Authorization #					
Policy #			Cula a anila a u F	NOR	Group #	Dalatianahin				
Subscriber DOB SECONDARY INCLUDANCE					Relationship Authorization #					
SECONDARY INSURANCE										
Policy # Subscriber DOR					Group #					
Subscriber DOB NOTES						Relationship)			
NOTES										
ICD Y N	Manufactur	nufacturer			Model#		Serial#			