



**OUTPATIENT SPECIAL PROCEDURES & CATH LAB**  
**SCHEDULING FAX FORM**

Centralized Scheduling: 432-582-8500

Fax : 432-582-8956/ **attach physician order when faxing**

Centralized Scheduling office hours are: 8:00 am – 5:00 pm.

**If procedure needs to be scheduled after 6:00 pm for a procedure to be done the next day, please call the House Supervisor at #582-8497.**

**PATIENT INFORMATION:**

NAME **(Legal name as it appears on Insurance Card)** : \_\_\_\_\_

SS# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS, CITY, ZIP: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ INSURANCE PHONE# \_\_\_\_\_

ID# \_\_\_\_\_ GRP # \_\_\_\_\_

**(OR CAN FAX COPY OF INSURANCE CARD ATTACHED TO THIS FORM)**

**SURGERY/PROCEDURE INFORMATION:**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

DIAGNOSIS with **ICD 9 Code** \_\_\_\_\_

PROCEDURE with **CPT Code** \_\_\_\_\_

PRECERT # \_\_\_\_\_

PRECERT GOOD UNTIL \_\_\_\_\_ ADJUSTER NAME (if applicable) \_\_\_\_\_

**Physician Signature: optional (can use this form as an order for the procedure if no additional paperwork needed)**

SPECIAL INSTRUCTIONS FOR SURGERY/PROCEDURE \_\_\_\_\_

- Please be sure and include all phone numbers for patient so that we can reach them day or evening.
- Include both the ICD 9 and CPT Code in order for us to be able to certify with the same procedure that you are precerting.
- Any questions, please do not hesitate to call the Centralized Scheduling Department.