ACUMEN MEDICAL CENTER
PREAUTHORIZATION/ADMISSION FORM

Orders must be faxed to appropriate department. History and Physicals are required on all invasive procedures with conscious sedation**. If you have any questions please call 800-123-4567.**

PATIENT INFORMATION

Patient Name: John Q. Smith SSN: 222-33-4444 DOB: 04/04/1990

PROVIDER INFORMATION

Policy Holder's Name: John Q. Smith SSN: 222-33-4444

Policy Holder's Employer: Pro Rodeo Association Employer's Phone Number: 800-111-2222

Name of Health Plan: HMO Louisiana, Inc. Member ID Number: XUH123456789

Plan: BC PLan 170 BS 670 Group #: 12345XX6/0000

PYSICIAN INFORMATION

Physician Contact Person: Joe Black Coordinator's Phone Number 555-888-8888

Primary Care Physician: Seymour Koffs, DO

Referring Physician: Seymour Koffs, DO Ordering Physician's Phone Number: 555-888-8888

PROCEDURE INFORMATION

Procedure: Repair ACL Left Knee CPT Code: 27407

Diagnosis: Sprain/Tear ACL Left Knee 717.83

Department(s) Involved (Please check all appropriate areas).

OR X GI_____ RAD_____ Cath_____ CP _____ Women's Center_____ Day Surgery_____

Date of Procedure: 07/17/2014 Authorized by: L.W. Katts

Physician's Authorization Number: 07896547666 Expiration Date: 07/19/2014

Hospital Authorization Number: _____ Expiration Date: 07/17/2014

Inpatient: X Outpatient: _____ Approximate Length of Stay: 24 hours

Comments: _____