Bellevue Surgery Center

Tel: (425) 774-1538
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Scheduling and Pre-Authorization

Office Contact:	Phone:	Fax:
Date of Surgery:	Surgery Start Time:	Status: IP ☐ OP ☐ OP/23HR ☐

Physician/Surgeon:			Assistant:	
PCP/Referring Physician:			Phone:	
Patient Name: LAST		FIRST		MI
Date of Birth:	SSN:		Sex: M ☐ F ☐	
Address:	City:		State:	Zip:
Home Phone:	Work Phone:		Cell Phone:	
Parent/Guardian:			Relationship:	
(If patient is a minor)			DOB:	
Diabetic: Y ☐ N ☐ Latex Allergy: Y ☐ N ☐		MRSA ☐ TB ☐ VRSA ☐		Inmate ☐
Does Patient Need an Interpreter? Y ☐ N ☐ If Yes, Language:			ASL? Y ☐ N ☐	
Diagnosis:				
ICD-10 code(s):				
Procedure(s):	Expected Procedure Duration: Expected In-Room Duration:		Right ☐ Left ☐ Bilat ☐ N/A ☐	
Anesthesia: General ☐ MAC ☐ Local ☐ Other ☐				
CPT Code(s):				
Implants/Equipment/Special Instructions/Position:				
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:				