



Precertification for Surgery Form

*Courtesy, Betsy Sharp, Administrator, Orthopaedic Associates Surgery Center LLC in Augusta, Ga.
December, 2005*

COMPANY INITIALS

Tax ID for Center – 00-0000000

Patient: _____ Chart # _____ Fully Insured Self Funded
 Facility network: In Out Network _____
 Surgery Date: _____ Effective Date: _____ Benefit Period _____
 DOB: _____ Co-pay: _____ Pre-existing _____
CPT/Procedure: _____ In network Ded.: _____ Met: _____
 ICD-9/Diagnosis: _____ In benefits: _____ OOPocket: _____ Met: _____
 Insurance ID #: _____ Out network Ded.: _____ Met: _____
 Insurance company: _____ Out benefits: _____ OOPocket: _____ Met: _____
 Insurance number: _____ Verified by: _____
 Insurance rep.: _____ Date: _____
 Precert number: _____ Pre-op appt: _____ Time: _____
 Lab: _____ Payor ID Number: _____
 Doctor: _____ Demo./Ins. entered in computer by: _____

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