Hilo Medical Center
We Care for Our Community

# OR SCHEDULING REQUISITION

**SCHEDULING DESK**
**932-3275 or 932-3271**

**FAX**
**974-7060**

## PATIENT INFORMATION

| | | |
|---|---|---|
| **LAST NAME:** | **FIRST NAME:** | **MI.** |
| **MAIDEN / OTHER SURNAME:** | | |
| **DOB:** / / | **PHONE #** - - | ☐ **FEMALE** ☐ **MALE** |

## INSURANCE INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| ☐ QUEST INTEGRATION PLAN | ☐ ALOHACARE | ☐ HMSA | ☐ KAISER | ☐ OHANA | ☐ UHC |
| ☐ MEDICARE | ☐ OHANA | ☐ UHC | ☐ ADVANTAGE PLAN | ☐ AKAMAI | ☐ SENIOR ADVANTAGE PLAN |
| ☐ HMSA | ☐ PPO | ☐ HPH | ☐ KAISER | ☐ ADDED CHOICE | |
| ☐ VETERAN'S ADMIN | ☐ WORKMAN'S COMP | | OTHER: | | |

**COULD ANY PORTION OF THIS PROCEDURE BE CONSIDERED EITHER PROPHYLACTIC OR COSMETIC?** ☐ YES ☐ NO

AUTHORIZATION # EFFECTIVE DATE / / ☐ **PRE-AUTH NOT REQUIRED**

AUTH STATUS CONFIRMED BY: TIME : DATE: / /

☐ **Hysterectomy/Sterilization Forms fax to OR**

| DIAGNOSIS | ICD- 10 CODE | |
|---|---|---|
| DIAGNOSIS: | | |
| SEC. DIAGNOSIS: | | |

| PROCEDURE | | TIME REQUIRED | CPT-4 CODE |
|---|---|---|---|
| **For C-SECTIONS: EDC?** | | | |
| | ☐ COSMETIC ☐ PROPHYLACTIC | | |
| | ☐ COSMETIC ☐ PROPHYLACTIC | | |
| | ☐ COSMETIC ☐ PROPHYLACTIC | | |

**ALL PATIENT INFORMATION ABOVE THIS LINE IS REQUIRED IN ORDER TO SCHEDULE A PROCEDURE**

## ANESTHESIA

☐ GENERAL ☐ MAC ☐ LOCAL ☐ SPINAL ☐ EPIDURAL ☐ OTHER: Regional Block: ☐ Yes ☐ No

## BOOKING INFORMATION

TYPE OF ADMISSION

| | | |
|---|---|---|
| DATE: / / | TIME: | ☐ AM ☐ SDC ☐ IP ☐ SNF |
| SURGEON: | ☐ Admit patient post-op, keep inpatient, not OBS | |
| ASSISTANT: | **Pt Acct:** HL | |
| PEDIATRICIAN: | | |

## POSITIONING

☐ SUPINE ☐ PRONE ☐ LATERAL ☐ RT↓ ☐ LT↓ ☐ LITHOTOMY ☐ OTHER:

## SPECIAL REQUESTS/ COMMENTS

**PREOP TESTS:** ☐ PT/PTT ☐ CBC ☐ Chem7 ☐ UA ☐ EKG ☐ CXR ☐ T/S ☐ UHCG (Preg) ☐ Pathology
**IMAGING REQUEST:** ☐ **Angio Team** ☐ **Radiology Tech** ☐ **Large C-Arm** ☐ **Mini C-Arm** ☐ **Ultrasound Tech**

**Instrument set needed:**

**Wound Vac needed? Y / N** **Type:** **Open Wound** ☐ **Closed Wound** ☐

| **New Product:** | **Vendor:** | |
|---|---|---|

**The codes provided are for scheduling and pre-authorization purposes only. These codes are not used for billing. Billing is based on documentation in the patient's Medical Record, and occurs post discharge. The HMC scheduling requisition is completed by the provider's office staff who may not be a certified coding specialist.**

10/24/2023