

RI Hospital Surgery Center at Wayland Square
 Endoscopy Booking Form
 17 Seekonk Street, Providence, RI 02906
 Scheduling (401) 793-8870; Fax: (401) 351-1280

Procedure Date and Time _____ Pacemaker _____ YES NO

Interpreter Services /Preferred Language _____ External Defibrillator _____ YES NO

IV: Lactated Ringers @ 30cc/hr

Ordering Physician / Practitioner Signature _____ Make and serial # of device _____

Name Last _____ First _____ M.I. _____ Male Female DOB _____
 SS # _____

Address _____ Preferred Contact Phone # _____

City _____ State _____ Zip _____ Alternative Phone # _____

PRIMARY INSURANCE

SECONDARY INSURANCE

Insurance Name _____

Insurance Name _____

Policy # _____

Policy # _____

Group # _____ Phone # _____

Group # _____ Phone # _____

Referral on File: Y N N/A Authorization # _____

Referral on File: Y N N/A Authorization # _____

Policyholder Name _____

Policyholder Name _____

Ordering Physician/Practitioner Name: _____ Phone: _____

Primary Care Physician Name: _____

Asterisk (*) Indicates a Medicare Advance Beneficiary Notice (ABN) may be needed if ordered test/procedure is not covered by application
 ICD-9-CM codes (DXs, Check RI Medicare Local Medicare Review Policies for coverage Information.

ICD9	DESCRIPTION	ICD9	DESCRIPTION
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

<input type="checkbox"/> EGD	<input type="checkbox"/> Colon *	<input type="checkbox"/> Colon/stoma*	<input type="checkbox"/>
<input type="checkbox"/> EGD w/Peg	<input type="checkbox"/> Screen colon average risk*	<input type="checkbox"/> Ileoscopy	<input type="checkbox"/>
		<input type="checkbox"/> Flex SIG*	<input type="checkbox"/>
*Antibiotic: _____	Date of last exam _____		
<input type="checkbox"/> Enteroscopy	<input type="checkbox"/> Screen colon high risk *	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Change of G tube	Date of last exam _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>

Other (please specify): _____