

SURGERY SCHEDULING CHECK-LIST

_____ **PRE-SURGICAL QUESTIONNAIRE** (Completed by the patient, no more than 30 days prior to surgery date.)

_____ **PROCEDURE FORM** (The form should be completed by the doctor and have diagnosis codes circled, all procedures circled, length of surgery, type of anesthesia requested, and all equipment requested circled or written in, and the date of surgery.)

_____ **VERIFICATION OF INSURANCE** (Verification of benefits should be completed. It should include verification of podiatry benefits, deductible and remaining amount, co-insurance, out of pocket maximum and amount remaining, confirmation of facility in-network, and precertification or authorization #'s if required. Please include the patient's policy number, group number, and policy holders name and relationship to patient.)

_____ **COPY OF INSURANCE CARDS** (This should include a copy of the front and back of cards for primary insurance and any secondary policies. When faxing please in-large copies of cards to insure that they can be read.)

_____ **MEDICATION LIST** (This should include **ALL** current prescription and over the counter medications.)

_____ **MEDICAL CLEARANCE** (See attached list of possible medical issues that may require a clearance. Please be aware that obtaining a clearance requires a **minimum** of 24 hours.)

———— **PATIENT DEMOGRAPHIC SHEET** (This should contain the patients demographic information i.e. address, phone, ss# (if provided), insurance information, responsible party.)