Jordan Valley
MEDICAL CENTER
In Partnership With Physician Owners

Surgery Fax: 801-964-3852
Phone: 801-562-4230

Jordan Valley Medical Center
WEST VALLEY CAMPUS
In Partnership With Physician Owners

Surgery Fax: 801-964-3889
Scheduler: 801-964-3884
Surgery Office: 801-964-3650

PROCEDURE SCHEDULING FORM

Physician:__________ Date of Procedure: __________ Pre-op Date/Time:__________

Patient's Name: __________

DOB: __________ Age: __________ SSN: __________ Gender: ❑ Female ❑ Male

Address: __________

Guarantor: __________ DOB: __________ SS#:__________ Phone:__________

Home Telephone: __________ Work Telephone: __________ Cell:__________

Contact Person: __________ Phone: __________

Diagnosis: __________ ICD-10 Code: __________

Diagnosis: __________ ICD-10 Code: __________

Diagnosis: __________ ICD-10 Code: __________

Diagnosis: __________ ICD-10 Code: __________

Procedure: __________ CPT Code: __________

Procedure: __________ CPT Code: __________

Procedure: __________ CPT Code: __________

Procedure: __________ CPT Code: __________

Procedure: __________ CPT Code: __________

Estimated Length of Surgery: __________

Type of admission: ❑ Inpatient ❑ Same Day / outpatient ❑ Surgery Center ❑ Observation

Special Equipment: ❑ X-ray ❑ Mini C-arm ❑ C-arm ❑ Land Marx ❑ Navigation

❑ Eye lense primary __________ ❑ Back up lenses: __________

Anesthesia Type: ❑ General ❑ Spinal ❑ IV Reg ❑ Mac ❑ Local

Special Needs: __________

Primary Insurance: __________ Policy #:__________ Group #: __________

Primary Insurance Phone #: __________ Additional Ins. Info.: __________

Pre cert/Authorization#: __________ By (Name): __________

Secondary Insurance: __________ Policy #:__________ Group #: __________

Secondary Insurance Phone #: __________ Additional Ins. Info.: __________

Pre-cert/Authorization # : __________ By (Name): __________

Type of Ins.: ❑ Commercial ❑ Industrial ❑ Self ❑ Other: __________ Date of Injury:__________

NOTE: Please fax a legible copy of front and back of insurance card with this form.

Physician Signature __________ Date __________ / Time __________

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