NMC Health Surgery Scheduling Information

NMC health
PO Box 308 | Newton, KS 67114

1.) Demographics

SSN	
Name	
DOB	
Biological Sex	☐ Male ☐ Female ☐ Unknown
Gender ID	☐ Male ☐ Female ☐ Male to Female ☐ Female to Male ☐ Gender Queer ☐ Other Gender ☐ Decline to Answer ☐ No Information Available

2.) Contact

Primary Phone #1 H/C/W	**Phone #2 H/C/W**	**Phone #3 H/C/W**
#	#	#
Individual name:	**Individual name**:	**Individual name**:
Relationship to Patient: ☐ Self ☐ Nursing Home Staff ☐ Parent ☐ Spouse/ Significant Other ☐ Other	**Relationship to Patient**: ☐ Self ☐ Nursing Home Staff ☐ Parent ☐ Spouse/ Significant Other ☐ Other	**Relationship to Patient**: ☐ Self ☐ Nursing Home Staff ☐ Parent ☐ Spouse/ Significant Other ☐ Other

3.) Health

Height	**Weight**	**BMI**	**Diabetic:** ☐ Yes ☐ No ☐ Insulin Non-Insulin

Medical Clearance Needed: ☐ Yes ☐ No	**Cardiac Clearance Needed:** ☐ Yes ☐ No	**Preop COVID-19 Testing** ☐ Yes ☐ No ☐ Refused	**COVID-19 Resulted** ☐ Negative ☐ Pending ☐ Positive: Date of Symptoms:_____

4.) Procedure

Surgeon:	**Date of Procedure:**	**Reschedule Date:**	**Estimated Case Length:**
Consented Procedure:			

Registration Type: ☐ Outpatient/ SDC ☐ Outpatient/ SDC w/ Bed ☐ Inpatient	**Requested Staff:** ☐ RN Monitor ☐ RN Moderate Sedation ☐ Frozen/Fresh Specimen	**Likelihood blood transfusion:** ☐ Likely ☐ Unlikely	**Requested Vendor/Equip.:** ☐ Instrument Set ☐ Neuromonitoring ☐ Cell Saver	**Scheduling Requests:**

Specialty Equipment/Sets Needed:	**Implant/Graft Type Needed:**

Patient Positioning: ☐ Supine ☐ Lateral ☐ Prone ☐ Beach Chair ☐ Lithotomy ☐ Other:	**Vendor Company:**	**Vendor Personnel:**	**Date/Time Rep Notified:**

5.) Registration Insurance

CPT Code		**ICD 10 Code**			
Pre-op Diagnosis					
Primary Insurance Company		**Policy #**			
Prior Auth required	☐ Yes ☐ No	**Auth #**		**Date Range:**	
Verified by (Insurance Rep)		**Contact #**			

Printed Name of person completing _____ Date_____

Please fax Completed Form to Surgery Scheduler @ 316-804-6181 and to Registration Desk 316-804-6167 Doc ID #19351