0142

ADMISSION/PROCEDURE FINANCIAL INFORMATION

PATIENT DATA

Location of Service ☐ LLUMC ☐ LLUECH ☐ LLUHSH ☐ OPSC	Location of Service (revised)	☐ Emergency ☐ Urgent ☐ Elective					MRN
		Status: ☐ Inpatient ☐ Outpatient ☐ Outpatient Observation					LOS:
Patient's Last Name	First	MI	Sex	Age	DOB		SSN
Telephone	Street Address	City		State			Zip
Admit Date	Admit Time	Admit Date (revised)	☐ Research Participant PI Name:				
Language Spoken: ☐ English ☐ Spanish ☐ Other:_____ Communication Assistance: ☐ Relative ☐ Language Line Service ☐ Medical interpreter/Translator							

SERVICE REQUESTED

Date of Surgery	Time of Surgery	Date of Surgery/Procedure (revised)	Time (revised)	Hours	Surgeon Second/Co-Surgeon		
Primary Diagnosis		ICD-9 Code	Secondary Diagnosis		ICD-9 Code		
Procedure #1				CPT4	OR Code		
Procedure #2				CPT4	OR Code		
Procedure #3				CPT4	OR Code		
Pre-Op Date	Time	Pre-Op Date (revised)	Time (revised)	PACE Date	Time	PACE Date (revised)	Time (revised)
Anesthesia Type: ☐ General ☐ Monitored Anesthesia Care (MAC) ☐ Regional ☐ Neuraxial (spinal/epidural)							
Comments: Please note special supply, instruments, implant or equipment							

INSURANCE INFORMATION

Primary		**Secondary**	
Insured Name	SSN	Insured Name	SSN
Name of Insurance		Name of Insurance	
Authorization Number		Authorization Number	
Authorized By	Date	Authorized By	Date

Contact Person Name:	Extension:	Fax:

☐ Fax to insurance verifier ☐ Fax to Pt. Placement ☐ PACE *(in packet)* ☐ Original to HIM ☐ Original to OR facility ☐ Accompany Pt.

Loma Linda University Medical Center
Loma Linda University East Campus Hospital
Loma Linda University Health Care
Loma Linda University Heart & Surgical Hospital

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