

PATIENT REFERRAL

Small Bowel Disease and Nutrition Program

8730 Alden Drive Thaliens Building 2nd Floor | Los Angeles CA 90048
Tel: 310-423-0095 | Fax: 310-423-0900

CSMC Tax ID: 95-1644600
CSMC NPI: 1639172372

Instructions: Please complete the all of information below. Fax this form with supporting patient records. Include recent H & P, consult notes, procedures, and imaging reports with copy(s) of imaging CD (if available).

Referral Information

PCP/Referring Provider	First and Last Name		Street Address	
			City, State Zip Code	
Back Office Telephone				
Office Email Address			Fax	
Billing Tax ID			National Provider Identification (NPI)	

Referral Date		Patient Name Last, First M Initial	
Date of Birth (DOB)		Age	
Reason for referral			
Diagnosis			

PRE-AUTHORIZATION MUST BE PROVIDED PRIOR TO SCHEDULING

INSURANCE TYPE:			
Subscriber ID		Subscribers Name	
Authorization Start Date		Authorization End Date	

REFERRAL TYPE

OFFICE VISIT	<input type="checkbox"/> Shirley Paski, MD (NPI 1518264746)	<input type="checkbox"/> Joo Mi Mok, NP (NPI 1407263676)
	<input type="checkbox"/> New Patient Consultation <input type="checkbox"/> Follow Up	<input type="checkbox"/> New Patient Consult <input type="checkbox"/> Follow Up

GI ENDOSCOPIC PROCEDURES

Procedure codes need pre-cert approval for PPO plans - especially Monitored Anesthesia Care (M.A.C.) codes. Pre-authorization certification/determination is required all PPO AND HMO insurances require pre-approval prior to outpatient procedure and anesthesia services (ie ANTHEM BLUE CROSS, BLUE SHIELD, AETNA, UNITED HEALTHCARE, CIGNA, etc)

Please complete and submit via Fax (310) 423-0900 or Email: groupsb@cshs.org

<input type="checkbox"/> 91110 Small Bowel Capsule/Wireless Capsule Placement <input type="checkbox"/> 44360 Oral/Rectal Balloon Enteroscopy <input type="checkbox"/> 44376 Push Enteroscopy <input type="checkbox"/> 44386 Pouchoscopy <input type="checkbox"/> 43235 Upper EGD <input type="checkbox"/> OTHER (please specify) _____	<input type="checkbox"/> 44380 Ileoscopy <input type="checkbox"/> 44300 Feeding Tube Placement <input type="checkbox"/> 45378 Colonoscopy	<input type="checkbox"/> URGENT	<input type="checkbox"/> ROUTINE
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CPT for Monitored Anesthesia Procedures (M.A.C.): *Pre-certified approval needed for PPO and HMO plans -Especially monitored anesthesia care*

00731 Upper Procedures 00811 Lower Procedures 00813 Upper & Lower Combined Procedures