SURGICAL BOOKING FOR NEUROMONITORING

Today's Date .....

SafePassage™
Patient Monitoring Services

PROCEDURE

Date of Procedure ..... Start Time ..... Duration .....

Hospital/Facility ..... Surgeon .....

Patient Name ..... DOB .....

Procedure Description .....

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Laterality .....

ICD 10 Code ..... ICD 10 Description .....

MONITORING REQUEST (Check all that apply)

- ☐ EMG
- ☐ SSEP (Sensory)
- ☐ TcMEP (Motors)
- ☐ Facial Nerve
- ☐ Other (please specify) .....
- ☐ Pedicle Screw Stim
- ☐ EEG
- ☐ Direct Nerve Stim
- ☐ Recurrent Laryngeal Nerve (RLN)
- ☐ Sensory Mapping (Phase Reversal)
- ☐ Motor Mapping (Direct Cortical Stim)
- ☐ BAERS (Auditory)

Additional Notes .....

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INSURANCE & DEMOGRAPHICS

Address ..... Apt .....

City ..... State ..... Zip .....

Phone Number ..... Primary Language .....

Primary Insurance Carrier ..... Insurance ID .....

Group Name & Number ..... Is the patient the insured party? ◯ Yes ◯ No

If "No", please include the following: Insured Name ..... Insured DOB .....

PRIOR AUTHORIZATION .....

CONTACT INFORMATION

Scheduler Name .....

Preferred Contact Method: ☐ Email ☐ Phone ☐ Fax

Contact Information .....

Please include a copy of the patient's face sheet, insurance card and history & physical (H&P) examination.

SEND SCHEDULING REQUEST TO SAFE PASSAGE

By Email: Scheduling@safepassagehealth.com By Fax: (914) 206-4590

Scheduling Hotline: 24/7/365 for emergent cases and confirmations: (855) 52B-SAFE / (855) 522-7233

Scheduling Office Business Hours: 7am-5pm

When calling outside regular business hours, your call will be answered by a live operator.
Please allow 10 minutes response time for the on-call personnel to return your call.

Ambulatory Health Care Accreditation Program