Insurance Communications Consent (ICC)

Insurance Company: ***BCBS AETNA HUMANA CIGNA W/C UHC SELFPAY Other:*** _____

TBD Note: _____

Procedure Date: _____/_____/_____ Post-op Date: _____/_____/_____ Post-op Time_____:_____ AM/PM

Patient Name; Last_____ First_____ Date of Birth_____/_____/_____ ID#_____

TO RESCHEDULE/CANCEL YOUR PROCEDURE CONTACT PSGC AT 630-371-9980 & SURGICAL CENTER 24 HOURS BEFORE SCHEDULED PROCEDURE DAY OR A $150 NO SHOW FEE WILL BE CHARGED TO YOUR ACCOUNT

DR SCOTT GLASER **DR. IRA GOODMAN**

******The Surgical center will call you with time of arrival & instructions***Procedure order valid for 30 Days******

MAGNA SURGERY CTR	PALOS SURGICENTER	HINSDALE SURGICAL CTR	IL SPORTS MEDICINE & ORTHOPEDIC SURGERY CTR	CHICAGO SURGERY CTR
7456 S. State Road 3rd Floor Bedford Park, IL 60638 (773) 445-9696 Weight Limit: 400lbs	7340 W College Dr Palos Heights, IL, 60463 (708) 361-3233 Weight Limit: 350lbs	10 Salt Creek Lane Hinsdale, IL 60521 (630) 325-5035 Weight Limit: 400lbs	9000 Waukegan Rd, Ste 120 Morton Grove, IL 60053 (847) 213-5444 Weight Limit:400 lbs	3536 W Fullerton Ave Chicago, IL 60647 (312) 761-0100 Weight limit -350 lbs

*****ABOVE FACILITIES AND ANESTHESIOLOGIST FEES ARE SEPARATE ENTITIES FROM PSGC PLEASE CALL THEM DIRECTLY REGARDING SURGERY CENTER/ANESTHESIOLOGY BILLS*****

Procedure:	CPT CODES:	
⌗ Transforaminal Epidural Steroid Inj	Lumbar: 64483-64484	Cerv or Thor: 64479-64480
⌗ Facet Joint Injection	Lumbar: 64493-64494-64495	Cerv or Thor: 64490-64491-64492
⌗ Medial Branch Nerve Block	Lumbar: 64493-64494-64495	Cerv or Thor: 64490-64491-64492
⌗ Radiofrequency Ablation	Lumbar: 64635-64636	Cerv or Thor: 64633-64634
⌗ Shoulder / Knee/hip/(bursa/joint) Injection **w/o Ultrasound**	20610	(**IN OFFICE/SURGICAL CENTER)**
●Shoulder/Knee/hip /(bursa/joint) Injection **w/ Ultrasound**	20611	(**IN OFFICE/SURGICAL CENTER**)
⌗ Hip Injection In Surgical Center	27093	(**EXCEPTION MEDICARE**)
⌗ Sacroiliac Joint Injection	27096	(**EXCEPTION MEDICARE**)
⌗ Translaminar Epidural Steroid Inj	Lumbar: 62323	Cerv or Thor: 62321
⌗ Interlaminar Epidural Steroid Inj	Lumbar: 62323	Cerv or Thor: 62321
⌗ Caudal Epidural Steroid Injection	62323	
⌗ Intercostal Nerve	Single: 64420	Multiple: 64421
⌗ Stellate Ganglion Block	64510	
⌗ Lumbar Paravertebral Sympathetic Nerve Block	64520	
Destruction by Neurolytic agent,	64620	

Side(s): _____ Level(s): _____

Additional/Other Procedure: _____

CPT Code(s): _____ Diagnosis: _____

As a patient I fully understand failure to call my insurance company may result in non-payment and I can be held responsible for the outstanding balance. Benefits verification/ Authorization contains general reimbursement information based on medical necessity and is not a guarantee of payment by my insurance company and is provided to me by PSGC-

By signing this form I am fully responsible for any balance due to non-payment by my insurance company.

********Insurance Companies that require authorization: IN/OUT Network Benefits Please See Attached********

Ins. Rep. Name_____Call Ref. # _____ Pre-certification Required: Y/N

Patient Signature: _____ Date: _____/_____/_____ PSGC Rep: _____