



# 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**

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

<u>MAGNA SURGERY CTR.</u>	<u>PALOS SURGICENTER</u>	<u>HINSDALE SURGICAL CTR.</u>	<u>ILLINOIS SPORTS MEDICINE AND ORTHOPEDIC SURGERY CENTER</u>	<u>CHICAGO SURGERY CTR</u>
7456 S. State Road 3 <sup>rd</sup> Floor Bedford Park, IL 60638 (773) 445-9696 BMI Limit 50 Weight Limit: 400lbs	7340 W College Dr Palos Heights, IL, 60463 (708) 361-3233  BMI Limit 50 Weight Limit: 350lbs	10 Salt Creek Lane Hinsdale, IL 60521 (630) 325-5035  BMI Limit 40 Weight Limit: 400lbs	9000 Waukegan Rd, Ste 120 Morton Grove, IL 60053 (847) 213-5444 BMI Limit 45-Mac 50-Local Weight Limit: 390	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:**

- |   |  |                                 |
|---|--|---------------------------------|
| <input checked="" type="checkbox"/> Transforaminal Epidural Steroid Inj                               | Lumbar: 64483-64484                        | Cerv or Thor: 64479-64480       |
| <input checked="" type="checkbox"/> Facet Joint Injection   | Lumbar: 64493-64494-64495                  | Cerv or Thor: 64490-64491-64492 |
| <input checked="" type="checkbox"/> Medial Branch Nerve Block   | Lumbar: 64493-64494-64495                  | Cerv or Thor: 64490-64491-64492 |
| <input checked="" type="checkbox"/> Radiofrequency Ablation   | Lumbar: 64635-64636                        | Cerv or Thor: 64633-64634       |
| <input checked="" type="checkbox"/> Radiofrequency Ablation   | SI: 64625                                  | Knees (Genicular)-64624         |
| <input checked="" type="checkbox"/> Nerve Block   | S1-S3-64651                                | Knee (Genicular)-64454          |
| <input checked="" type="checkbox"/> Shoulder / Knee/hip/(bursa/joint) Injection <b>w/o Ultrasound</b> | 20610 ( <u>IN OFFICE/SURGICAL CENTER</u> ) |                                 |
| •Shoulder/Knee/hip /(bursa/joint) Injection w/ <b>Ultrasound</b>                                      | 20611 ( <u>IN OFFICE/SURGICAL CENTER</u> ) |                                 |
| <input checked="" type="checkbox"/> Hip Injection in Surgical Center                                  | 27093 (EXCEPTION MEDICARE)                 |                                 |
| <input checked="" type="checkbox"/> Sacroiliac Joint Injection  | 27096 (EXCEPTION MEDICARE)                 |                                 |
| <input checked="" type="checkbox"/> Translaminar Epidural Steroid Inj                                 | Lumbar: 62323                              | Cerv or Thor: 62321             |
| <input checked="" type="checkbox"/> Interlaminar Epidural Steroid Inj                                 | Lumbar: 62323                              | Cerv or Thor: 62321             |
| <input checked="" type="checkbox"/> Caudal Epidural Steroid Injection                                 | 62323                                      |                                 |
| <input checked="" type="checkbox"/> Intercostal Nerve   | Single: 64420                              | Multiple: 64421                 |
| <input checked="" type="checkbox"/> Stellate Ganglion Block   | 64510                                      |                                 |
| <input checked="" type="checkbox"/> 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: \_\_\_\_\_**