



Randall P. Bennett MD

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Specializing in disorders of the Ear Nose & Throat

Board Certified Otolaryngology Head and Neck Surgery

PATIENT'S NAME \_\_\_\_\_

Some insurance companies require pre-authorization or a second opinion for certain types of surgeries. If your insurance company has this policy regarding your scheduled surgery, they will not pay hospital and/or surgery costs if you do not comply. Therefore, for your protection, we require that you contact your insurance company and inform us of any pre-surgery requirements.

Procedure CPT code	RECOMMENDED SURGERY	Diagnosis Code
42820	Tonsillectomy & Adenoidectomy (under age 12)	_____
42821	Tonsillectomy & Adenoidectomy (age) 12 & over)	_____
41830	Adenoidectomy	_____
69436	Tympanostomy with Tube-Unilateral	_____
69436-50	tympanostomy with Tubes-Bilateral	_____

The doctor's fee (s) are as of today. It is also understood that operations or procedures in addition to or different from those now contemplated (whether or not arising from presently un foreseen conditions which the doctor may consider necessary or advisable in the course of the operation) will also be billed. If you have any questions after talking to your insurance company please feel free to contact the office. Please understand that it is very important for you to contact your insurance company because you are ultimately responsible for payment if the insurance company denies payment for service.

IMPORTANT QUESTIONS TO ASK YOUR INSURANCE COMPANY ARE:

1. Does out patient surgery require:
 

A. Preauthorization	Yes	No
B. A second opinion	Yes	No
C. Referral from pcp	Yes	No

 If yes is there a current referral on file? \_\_\_\_\_
  
2. Are there waiting periods or restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify \_\_\_\_\_
  
3. Deductibles/Co-Pays:
 

A. Surgery	Yes	No	if yes, how much? _____
B. Facility	Yes	No	if yes, how much? _____
  
4. Benefit Coverage:
 

A. Physician Fee Percentage	_____
B. Surgical Facility Percentage	(Hillside Surgery Center. Good Samaritan Hospital)
C. Rainier Anesthesia	

Person Talked To: \_\_\_\_\_ Date \_\_\_\_\_