

Request for Outpatient Services



Kyle ER & Hospital
5615 Kyle Center Dr.
Kyle, Texas 78640
fax: 512-504-9952

Patient Information

| | | | |
|--|------------------------------------|-----------------------------------|---------------------------------|
| Last Name | First Name | Middle Name | |
| Date of Birth | Primary Phone Number | | |
| Name of Insurance Provider/ Policy # _____ | | | |
| Pre-Certification: | <input type="radio"/> Not Required | <input type="radio"/> In Progress | <input type="radio"/> Completed |
| Pre-Cert/Authorization# _____ | | | |

Reason for Test

REASON FOR THE TEST MUST BE GIVEN.

- ICD codes AND diagnostic information must be provided for EACH test ordered.
- Please DO NOT USE "Rule Out" or "Possible/Probable?"

Outpatient Testing or Procedure Order

Reason/Diagnosis

ICD Code(s)

Order/ Results

Requested Test Date:

- ROUTINE at patient's convenience URGENT w/in 48 hours STAT

Date: _____

- Orders are valid for 90 days.

Results: Fax results _____ Call results _____
 Hold patient for results send images with patient

Physician Information

| | | | |
|-----------------------------|---------------------------|------------|-------|
| Referring Practitioner: | Last Name | First Name | NPI # |
| Practitioner's Phone Number | Practitioner's Fax Number | | |

Practitioner's Signature

Date

Notice: Kyle ER & Hospital is unable to bill Medicare, Medicaid for services rendered.

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