

Belle Terre Surgery Center

851 Meadows Road, Suite 212 Boca Raton, Florida 33486

Phone (561) 347-6682 Fax (561) 392-9707

Manipulation under Anesthesia Registration Form

PLEASE ATTACH A COPY OF BOTH FRONT AND BACK OF THE INSURANCE CARD

Main Complaints-
 Shoulder RT
 Shoulder LT
 Shoulder Bilateral
 Pelvis/Sacroiliac
 Lumbar Spine

Referring Physician	Phone#
Contact Person	Fax#

PATIENT'S NAME	DOB	AGE:
ADDRESS	CITY	STATE/ZIPCODE
SSN#	HOMEPHONE	CELLPHONE

PLEASE FILL OUT COMPLETELY AND ATTACH A COPY OF THE INSURANCE CARD

INSURANCE	PHONE#	PLAN TYPE
MEMBER'S ID#	GROUP#	

SURGERY CENTER USE ONLY

DEDUCTIBLE	AMOUNT MET	EFFECTIVE DATE
OUT OF POCKET	AMOUNT MET	PERCENTAGE
PRE-CERTIFICATION?	NUMBER	PRE-EXISTING EXCLUSIONS
CODE	BILLABLE?	MEDICAL NECESSITY?
27194		
23700		
27275		
22505		
VERIFIER	REPRESENTATIVE	VERIFICATION DATE
CONFIRMATION#	DECISION	RESPONSE DATE AND TIME