

PHYSICIANS ENDOSCOPY CENTER
3030 S. Gessner
Suite 150
Houston, Texas 77063



OPEN ACCESS SURGERY SCHEDULING FORM

Scheduling Fax (713) 587-0912

Scheduling Phone (713) 587-0909, X131

Procedure: Colonoscopy EGD Colon & EGD Flexible Sigmoidoscopy

Preferred Procedure Date: ____/____/____ Preferred Time: _____

Referring Physician Name: _____

Patient's Name: _____
(Last) (First) (MI)

Address: _____
(Address, City, State & Zip)

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Male Female Date of Birth: ____/____/____ SS # _____

PRIMARY INSURANCE

Insurance Name: _____ Benefits Phone #: (____) _____

Policy ID#: _____ Group #: _____

Insured's Name: _____ Insured's SS #: _____

SECONDARY INSURANCE

Insurance Name: _____ Benefits Phone #: (____) _____

Policy ID#: _____ Group #: _____

Insured's Name: _____ Insured's SS #: _____

SCHEDULERS USE ONLY

Date of Procedure: ____/____/____ Time: _____ Physician: _____

Procedure (CPT Code): _____ Diagnosis (ICD-9 Code): _____

Patient ID#: _____ Patient Acct#: _____

Pre-Cert Date: ____/____/____ Contact: _____ Auth #: _____

Scheduled By: _____ Date: ____/____/____