

Plymouth Rock Management Company of New Jersey

High Point Preferred Insurance Company
High Point Safety and Insurance Company
High Point Property and Casualty Insurance Company
Teachers Auto Insurance Company of New Jersey
Palisades Safety and Insurance Association
Palisades Insurance Company
Palisades Property and Casualty Insurance Company

SUPPLEMENTAL SURGICAL PRE-CERTIFICATION REQUEST (NON-EMERGENCY PROCEDURES)

		Physician's Telephone Number:	
Fax Number:		Request Date:	
	Documentation to support the need for a	complete all the fields below and causal relationship of surgery must be submitted including most recent office notes with the request for pre-certification.	
Patients Name:		Claim Number:	
Date of Loss:		Proposed Surgery Date:	
CPT Code(s) / Procedure(s) :			
ICD-9 Diagnostic Code(s):			
Surgical Procedure Description:			
Name of Facility, Hospital or Ambulatory Surgical Center where the surgical procedure will be performed:			
Dia	and the applicable bour		
Please check the applicable box:			
	I do not anticipate requiring an assistant surgeon or co-surgeon.		
	(0	eon/physician assistant/Registered Nurse First Assistant circle the one that applies)	
	Name:		
	I propose using two or more surgeons. Name(s):		
	Responsibility(ies):		
	Post-operative care beyond those included within the global fee package (required) (Specify type of care/services [example – post operative physical therapy (including duration / and frequency, Durable Medical Equipment, etc.])		
	Inpatient admission required.	me day Surgery	

REQUESTS FOR CO-SURGEONS AND ASSISTANT SURGEONS MUST MEET CMS GUIDELINES