North Kansas City Hospital

Scheduling Department
Phone: 816-691-5267
FAX: 816-346-7150

2800 Clay Edwards Drive
North Kansas City, MO
64116-3220

OUTPATIENT ORDER FORM

Provider's Office to:
✓ Call Scheduling to make appointment (if same day or within 24 hrs, call scheduling to make appointment)
✓ Call insurance for pre-certification
✓ Complete form and sign, and fax to scheduling

☐ Patient will call to schedule ☐ Contact Patient to Schedule ☐ Scheduled ☐ Date/Time _____

Patient Name _____ Ordering Provider _____

Date of Birth _____ Provider Phone/Fax _____

Home Phone _____ Contact Name _____

Cell Phone _____ Insurance Plan/Pre-Cert #_____
☐ PPO ☐ HMO

NO TEST OR PROCEDURE WILL BE PERFORMED WITHOUT APPROPRIATE NARRATIVE DIAGNOSIS

TEST / PROCEDURE	REASON FOR EXAM SIGNS & SYMPTOMS OR CHIEF COMPLAINT	ICD10 Code
Radiology		
* Contrast/No Contrast at the Radiologist's discretion ☐ With IV Contrast	☐ With and Without IV Contrast ☐ Without IV Contrast ☐ Oral Contrast **AUC Modifier**_____ **HCPCS G Code**_____	
Laboratory		
Cardiology		
Nutrition Services / Medical Nutritional Therapy	☐ Type 1 ☐ Type 2 ☐ Gestational ☐ Pregnancy w/ Pre-Existing Diabetes ☐ Pre-Diabetes ☐ Obesity ☐ Other _____	
Diabetes Education - RN	☐ Type 1 ☐ Type 2 ☐ Gestational ☐ Pregnancy w/ Pre-Existing Diabetes ☐ Group Class ☐ Individual Counseling ☐ Other _____	
Respiratory/Sleep Diagnostics		
Outpatient Services (GI, EGD, EMG, etc.)		
Other		

Additional Instructions
☐ Hold patient until results called to provider
☐ After Hours/Urgent Results Contact # _____
☐ Release copies to patient
☐ H&P faxed to scheduling for invasive procedures
☐ Other _____

_____ _____
Provider's Signature **Date/Time**