

Request for Outpatient Services



New Braunfels ER & Hospital
3221 Commercial Circle,
New Braunfels, TX 78132
Phone 830-402-2170

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: New Braunfels ER & Hospital is unable to bill Medicare, Medicaid or Tricare for services rendered.

PRIVACY/CONFIDENTIALITY NOTICE REGARDING PROTECTED HEALTH INFORMATION
This document contains protected health information that is privileged, confidential and/or otherwise exempt from and protected from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this information in error and that any review, dissemination, distribution, copying or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this document in error, please destroy it immediately.