

## MAIN LINE HOSPITALS

### PROCEDURES FOR ADMITTING PATIENTS AND COMPLETING RESERVATIONS

#### DIRECT ADMISSIONS

The Transfer Center expedites the transfer of inpatients, Emergency Room patients or direct admissions from MLH physician offices, to one of the Main Line acute hospitals – Bryn Mawr, Lankenau or Paoli Hospital. The phone, 1-866-TRAN-555, is answered 24 hours a day. Registered nurses coordinate patient transfers/admissions for all diagnoses.

To transfer an inpatient or Emergency Room patient from an acute care facility to one of our hospitals, physicians can call one toll-free number, 1-866-TRAN-555 and give the patient's name, current location and proposed procedure for transfer/admission.

The Transfer Center will obtain demographic and insurance information. They will coordinate transportation (ambulance, helicopter if required). They will obtain insurance pre-certification. They will coordinate direct hospital admissions and schedule any necessary procedures.

#### SCHEDULED SURGICAL PATIENTS

Please complete all information on reservations, including a precert, and fax to 610-889-3928, along with a completed Anesthesia Questionnaire. Forms are available in the Pre-Admission Testing office MOB 1, Suite 201.

# Main Line Health

Case Number: \_\_\_\_\_

## Reservation / Procedure Booking Information for Elective Procedures

(Check One)  BMH  LH  PH

Faxed/Phoned to O.R. Scheduling

Faxed/Delivered to Admissions/Registration

**OUTPATIENT**  
**INPATIENT**

SPU  MSPU  Surgicenter (BMH & LH)  CCL

Anticipated stay greater than 24 hours and an acute level of care

Patient's Social Security #: \_\_\_\_\_

ADMISSION DATE REQUESTED: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

(Last, First, MI)

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

home

work

Date of Birth: \_\_\_\_\_ Type of Anesthesia: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Special Equip/Notifications: \_\_\_\_\_

Procedure: \_\_\_\_\_

Comments/Request: \_\_\_\_\_

Procedure: \_\_\_\_\_

RNFA:  Yes  No Case Length: \_\_\_\_\_

Procedure: \_\_\_\_\_

Pref time/ availability: \_\_\_\_\_

PROCEDURE DATE: \_\_\_\_\_

Patient Address: \_\_\_\_\_

P.A.T. as per Anesthesia Protocol

\*Health Questionnaire Must Accompany

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CBC  Type & Cross # \_\_\_\_\_ Units

Sex:  Male  Female

CBC & Diff  Autologous # \_\_\_\_\_ Units

Race:  B  W  O (Specify) \_\_\_\_\_

Comp. Met. (inc. CO2)  Platelets # \_\_\_\_\_ Units

Former Patient  Yes  No

Basic Metabolic  PT/INR

EMERGENCY CONTACT \_\_\_\_\_

Electrolytes  PTT

RELATIONSHIP \_\_\_\_\_

Glucose  Bleeding Time

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

BUN  Urinalysis

Primary Ins. Co: \_\_\_\_\_

Creatinine  Urine C & S (Clean Catch)

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Alk-Phosphatase  Urine Preg. Test

Pre Cert #: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

SGOT,SGPT,LDH  Serum Preg. Test

Contact: (Name) \_\_\_\_\_ BC Only Plan Code: \_\_\_\_\_

Type & Screen  Chest X-ray

Subscriber Name: \_\_\_\_\_

EKG

Relationship: \_\_\_\_\_ Accident Date & Time: \_\_\_\_\_

Anesthesiologist Signature: \_\_\_\_\_

(if applicable)  Phone Interview

Secondary Ins. Co: \_\_\_\_\_

P.A.T. Date & Time: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Additional Tests/Services/Comments: \_\_\_\_\_

Pre Cert #: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Contact: (Name) \_\_\_\_\_ BC Only Plan Code: \_\_\_\_\_

H & P to be performed by: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

TESTING DONE ELSEWHERE  LAB  EKG  CHEST XRAY

Relationship: \_\_\_\_\_

Facility/Phys. \_\_\_\_\_ Phone # \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Medical Clearance  Dental Clearance

PCP Physician: \_\_\_\_\_

Cardiac Clearance Scheduled with: \_\_\_\_\_

Patient Number:

Medical Record #:  Time: \_\_\_\_\_ Room #: \_\_\_\_\_