



Elective Surgery Foot and Lower Leg

QualCare, Inc.
30 Knightsbridge Road
Piscataway, NJ 08854-3754

Member Name: _____ ID Number: _____
Date of Birth: _____
Other Insurance/COB: _____

If injury, was this a result of: Motor Vehicle Accident Workers' Compensation

Surgeon's Name: _____ Provider ID Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

Brief medical history, including chief complaint:

Treatment:

Duration of conservative care: _____
Proposed surgical procedure(s): _____
CPT Codes: _____
Proposed Anesthesia: _____
Treatment Place: Office Hospital SurgiCenter

**Other than hammer toe correction, a preoperative weight bearing X-ray must be submitted for osseous surgery.
For osseous surgery, a photograph of the involved foot must be submitted.**

Signature: _____ Date: _____

Pre-Certification Department Fax Number: 732-562-1023
PPO 800-992-6613 (phone) HMO Network 800-254-0130 (phone)