



Same Day Surgery Pre-Certification Form

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

All Elective Procedures Must be Pre-Certified 5 Days Prior to the Date of Service

All Maternity Admissions Require Notification During the First Trimester - Use the Maternity Notification Form

Date:
From:
Physician's Name:
Patient's Name:
ID Number:
Date of Birth:
Age:
Name of Other Group Insurance:
Phone Number:
E-mail Address:
Phone Number:
Male
Female
ID Number:

Current Diagnosis:
Other Diagnoses or Comorbidities:
Additional Information Relating to Medical Necessity:
Is the diagnosis related to:
Workers' Compensation
Motor Vehicle Accident
ICD 9 Code:

Procedure:
CPT Code:

Date of Service:

Facility: (Must be In-Network to receive In-Network Benefits)
Provider's Office
Same Day Surgery Unit
Free-Standing Facility
Name of Facility:
Address:
City
State:
Zip:
Phone Number:

Urgency Status:
Elective
Urgent
Emergent

Prior Outpatient Treatment:

PCP Name (if applicable)

Admitting Physician:
Phone Number:

Name(s) of Planned Consultant(s) or Surgical Assistant(s): (Should be participating within the QualCare Network)
1.
2.

Pre-Certification Department Fax Number: 732-562-1023

PPO Phone Number: 800-992-6613

HMO Network Phone Number: 800-254-0130

Check Benefits

Some Groups Do Not Provide Coverage at Non-Participating Facilities