



SURGICAL CONTROL NUMBER REQUEST FORM

This form is to be used by all capitated ophthalmologists when requesting a surgical control number for a capitated member. The form must be faxed to EMI at **1 (800) 922-4132**. **All fields must be completed** in order for a surgical control number to be issued.

Date of Request (mm/dd/yyyy)		Patient Last Name		Patient First Name	
Patient Date of Birth (mm/dd/yyyy)		Health Plan		Patient ID	
Contact Person Last Name			Contact Person First Name		
Name of Surgeon Last Name			Name of Surgeon First Name		
Phone			Fax (We MUST have your Fax Number)		
Surgical Procedure(s)					
CPT Code(s)		CPT Code(s)		CPT Code(s)	
ICD-10 Code(s)		ICD-10 Code(s)		ICD-10 Code(s)	
Facility/Hospital Name					
Date of Surgery		Place of Service: <input type="checkbox"/> Office <input type="checkbox"/> Outpatient Facility <input type="checkbox"/> Inpatient Hospital		Facility Authorization Obtained from Health Plan	

A **pre-certification number** must be obtained from the health plan **prior to faxing** over the request for a surgical control number from EMI. A **surgical control number will be faxed to your office within 72 hours** of the receipt of your request. If you have not received the request within this time frame, or for any Urgent/STAT requests, or if you require further clarification of this information, please contact EMI at 1 (800) 329-1152.