

FLAT FEE REQUEST FORM

Revenue Integrity Phone: 541-706-4745

Email: GRP_ChargeMaster@stcharleshealthcare.org

SURGERY INFORMATION

Date Requested:				
Surgeon:				
Proposed Procedure: (description of	of procedure)		
Procedure CPT(s):				
Patient Status: Outpatient	Inpatient			
Resources to be utilized: Time: (length of procedure) Supplies: (all necessary sup		ng implantables	3)	
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Personnel required: (Please	e include title	and function)		
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Approach:		5		
Laparoscopic Open	1	Robotic		
Anesthesia:			ъ.	
General Spinal	MAC	Local	Bier	Moderate Sedation
Other:				
Date Approved:				
Ву:				

Pertinent Information & Guidelines:

Please submit this form to the Revenue Integrity Program Manager at least 45 days prior to date of service to allow for proper review and processing for approval or denial.

St. Charles reserves the right not to offer flat fees for any procedure.

All requests must be submitted via this form. All others will be disregarded and considered not approved for flat fee pricing.

Any procedures performed prior to authorization by St. Charles will be billed based on current St. Charles prices.

Flat fee procedures and cases are subject to periodic review by Perioperative Services and / or Revenue Cycle Leadership to assure cases performed are consistent with the expectations and intentions of this policy.