Physician Partners of America
WEST PARK SURGERY CENTER

6640 78th Ave. N., Ste. B, Pinellas Park, FL 33781
Phone: 727-280-1532
Fax: 813-830-7305
Jr. Administrator: Anna Brunelle

Welcome to West Park Surgery Center! We are excited to accommodate your outpatient surgery cases and provide your patients with excellent patient care.

Below is the facility information that your surgery scheduler will need to book cases with us.

NPI Number: 1043272750
Tax ID: 26-0092101
Medicare Number: F1443

Insurances Accepted:

- We are Medicare certified and can accept all government payors.
- We gladly accept LOP, worker's comp and auto cases.
- We offer competitive self-pay rates. Please contact us for a self-pay rate for a specific CPT code.
- Please do not hesitate to contact us with any questions concerning insurances. Even if a patient does not have OON benefits, we can try obtain a special authorization to perform the procedure at our facility.

To schedule a case with us, please call the main scheduling line (727-280-1532) and request to speak to our dedicated ASC scheduler, Gabrielle Collazo, or you may email her below:

GCollazo@physicianpartnersoa.com

Updated 5/2020

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ANESTHESIA GUIDELINES FOR SURGERY:

HISTORY & PHYSICAL:
All Patients must have a history/physical that is 30 days current written by a MD or DO.

MEDICAL CLEARANCE AND/OR CARDIAC CLEARANCE DEPENDS ON PATIENTS' HEALTH HISTORY:
Cardiac patients will need cardiac clearance and a copy of an EKG within past 6 months.

Patient with co-morbidities (Hypertension, High Cholesterol, Diabetes, etc.) will need a medical clearance from their primary care physician or specialist.

ALL PATIENTS HAVING GENERAL ANESTHESIA:
Labs: CBC, CHEM 7, PT, INR, PTT (within 1 month of the date of surgery)

PATIENTS OVER 50 YEARS OLD:
EKG required

DIALYSIS PATIENTS:
Serum Potassium 24 hours prior to surgery or post dialysis

MEDICATIONS TO STOP BEFORE SURGERY:
Patients should check with their PCP or surgeon about drugs they should stop before surgery, especially blood thinners (i.e. ASA, Plavix, Coumadin, etc.). We recommend stopping ACE Inhibitors one (1) day before surgery (Lisinopril, Captopril, Benazepril and Losartan).

TESTS PERFORMED ON-SITE THE DAY OF SURGERY:
Urine pregnancy test on post-menarche and pre-menopausal women.
Blood glucose on insulin dependent diabetics.

Our anesthesiology team reviews all patients' charts prior to their DOS (date of surgery). Occasionally, one of our anesthesiologists may contact you with specific questions regarding your patient's medical history and appropriateness for surgery in an outpatient environment.

Should you have any questions regarding the above guidelines, please call (727) 549-0610 and ask to speak to a pre-op nurse.

Updated 5/2020

West Park Surgery Center
Booking Sheet

SURGERY DATE: ___________ TIME: ____________ CASE LENGTH: ___________________________

PHYSICIAN: _________________________________ OFFICE #: __________________________________

PATIENT NAME: ____ SEX: M F
First Middle Last

ADDRESS: ____

CITY: ______________________________ STATE: _____________ ZIP: __________________________

HOME #: __________________ CELL: __________________ ALTERNATE #: _______________________

SS#: ______________________ DOB: __________ AGE: ______ RACE: ________________

MARITAL STATUS: M S D W

EMPLOYER NAME: ___________________________ ADDRESS: _________________________________

EMPLOYER PHONE: __________________________

PROCEDURE: ____

DIAGNOSIS: ____

EQUIPMENT NEEDED: ____

____

REPS/VENDORS TO BE NOTIFIED: ____

ANESTHESIA: GENERAL MAC LOCAL REGIONAL AX BLOCK BIER BLOCK OTHER: ________

PRE-OPS AT: _____________________________________ PHONE #: ______________________________

INSURANCE: ____________________________________ MEMBER ID: ____________________________

CIRLCE ONE: HMO POS PPO MEDICARE MEDICAID WORKCOMP AUTO LOP SELF-PAY

IF HMO, AUTHORIZATION #: ____________________________________

CPT CODE(S): 1: _________________ 2: ________________ 3: _______________ 4: _____________

ICD-10 CODES: 1: _________________ 2: ________________ 3: _______________ 4: _____________

****Please provide any/all clinical documentation to support this order including diagnostic imaging reports.****

PLEASE FAX COMPLETED FORM TO 813-830-7305 OR EMAIL TO GCollazo@PhysicianPartnersoa.com

Updated 5/2020

For all LOP/Auto/WorkComp Cases

*** WILL FACILITY BE HOLDING THE LOP: YES NO

DATE OF ONSET/ACCIDENT REQUIRED: ______________________________

ADJUSTER NAME: ______________________ CLAIM #: ________________

ADJUSTER PHONE: ______________________ EXT. __________

PRIMARY INSURANCE CO: ______________________ PHONE #: ____________

POLICY #: ______________________ GROUP #: ______________________

CLAIMS ADDRESS: ____

POLICY HOLDER (IF NOT PATIENT): ______________ SS#: __________ DOB: _________

BENEFIT INFORMATION: ____

SECONDARY INSURANCE CO: ______________________ PHONE #: ____________

POLICY #: ______________________ GROUP #: ______________________

POLICY HOLDER: ______________ RELATIONSHIP: __________ SS#: __________

CLAIMS ADDRESS: ____

BENEFIT INFORMATION: ____

PERSON GIVING INFO: ______________________ DATE OF VERIFICATION: _________

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Short Stay History & Physical Form

NAME: ______________________ DATE: __________ AGE: _______ SEX: ________

PRE-OP DIAGNOSIS: ______________________ PHYSICIAN: ______________________

HISTORY (PRESENT ILLNESS, INDICATIONS FOR, AND PROCEDURE PLANNED):

____

____

SIGNIFICANT PAST MEDICAL HISTORY:

SURGICAL: ____

CARDIOVASCULAR: ____

RESPIRATORY: ____

DRUG ALLERGIES: ____

CURRENT MEDICATIONS: ____

DOES PATIENT SMOKE? Y N ETOH: ______________ OTHER: ______________

EXAMINATION: B/P: ______________ P: ______________ HT: __________ WT: __________

HEART: ______________________ LUNGS: ______________________

SURGICAL CONDITION: ____

PRE-OP ORDERS — CONSENT FOR: ____

____

I CERTIFY THAT THE PATIENT MEETS ALL ADMISSION CRITERIA AND IS A CANDIDATE FOR PLANNED ANESTHESIA AND PROCEDURE IN THIS AMBULATORY SURGERY CENTER.

____

Physician Signature

ANESTHESIA PRE-OP ORDERS: ____

____

____

Anesthesiologist Signature

OPERATION/PROCEDURE FINDINGS: ____

____

POST-OP DIAGNOSIS: ______________________ ANESTHESIA: ______________________

POST-OP ORDERS: ____

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____

Physician Signature

PATIENT LABEL

Updated 5/2020