

Upper Peninsula Surgery Center

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Marquette, MI 49855
Phone Number: (906) 273-2223
Fax Number: (906) 273-2228
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REFERRAL TO UPPER PENINSULA SURGERY CENTER FOR PAIN MANAGEMENT

PATIENT INFORMATION

Last Name	First Name	MI	DOB
Address	City	State	Zip
Home Phone	Work Phone		
Referring Physician	Phone Number	Fax Number	
Primary Care Provider/ Physician	Phone Number	Fax Number	

INSURANCE INFORMATION

Insurance Company Name	Policy Number	Group Number	
Address	City	State	Zip
Phone Number	Fax Number	Co-Pay Deductible	

Insurance Authorization Number	Number of Visits Authorized	Claim Number	Date of Injury
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SERVICES: MUST BE PRE-AUTHORIZED)

11900		SCAR INFILTRATION/INJ INTRALESIONAL-UP TO 7
20550		INJECTION, SINGLE TENDON SHEATH, OR LIGAMENT
20552	RT LT	INJECTION, TRIGGER POINT (1-2 MUSCLES)
20553	RT LT	INJECTION, TRIGGER POINT (3+ MUSCLES)
20605	RT LT	ARTHRO/ SMALL JOINT
20605	RT LT	ARTHRO/ MEDIUM JOINT
20610	RT LT	ARTHRO/ LARGE JOINT
27096		SIJ INJECTION
27370		KNEE INJECTION (ARTHROGRAPHY)
36000		INTRO NEEDLE OR INTRACATHETER, VEIN (IV START)
62273		BLOOD PATCH
62310		INJECTION CERVICAL/ THORACIC STEROID/ ANESTHETIC
62311		INJECTION SPINE LUMBAR / SACRAL/ CAUDAL
64400	RT LT	TRIGEMINAL NERVE BLOCK
64405	RT LT	FACIAL NERVE BLOCK
64418	RT LT	SUPRASCAPULAR NERVE BLOCK
64420	RT LT	INTERCOSTAL NERVE BLOCK
64421	RT LT	INTERCOSTAL NERVE BLOCK, MULTIPLE
64425	RT LT	ILIOINGUINAL/ HYPOGASTRIC
64445	RT LT	PIRIFORMIS BLOCK
64450	RT LT	OTHER PERIPHERAL NERVE/ BRANCH
64490	RT LT	INJECTION PARAVERTEBRAL C/T (SINGLE LEVEL)
64491	RT LT	INJECTION PARAVERTEBRAL C/T (SECOND LEVEL)
64492	RT LT	INJECTION PARAVERTEBRAL C/T (3+ EACH ADDITIONAL LEVEL)
64493	RT LT	FACET INJECTION (SINGLE LEVEL)
64494	RT LT	FACET INJECTION (SECOND LEVEL)
64495	RT LT	FACET INJECTION (3+ LEVELS EACH ADDITIONAL LEVEL)
64479	RT LT	TRANSFORMATIONAL EPIDURAL C/T (SINGLE LEVEL)
64480	RT LT	TRANSFORMATIONAL EPIDURAL C/T (EACH ADDITIONAL LEVEL)
64483	RT LT	EPIDURAL LUMBAR/ SACRAL (SINGLE LEVEL)
64484	RT LT	EPIDURAL LUMBAR/ SACRAL (EACH ADDITIONAL LEVEL)

DIAGNOSIS: (Related to Pain) _____

Physician Signature: _____