



# SURGICAL CONTROL NUMBER REQUEST FORM

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)	CPT Code(s)
ICD-10 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 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.