# INSTRUCTIONS

Your doctor has asked that your child receive a Miami Children's Hospital service or services as indicated on this request form. The information below will help you schedule and register for the requested service(s).

## Rehabilitation Services

Appointments can be scheduled by calling the center nearest you:
Miami Children's Hospital main campus (Schenley Park - Miami)
– 305-666-6511, ext. 2927

Miami Children's Hospital Dan Marino Center (Weston)
– 954-385-6200

Miami Children's Hospital South Dade Center (Palmetto Bay)
– 786-268-1776

Miami Children's Rehabilitation Services – Miami Lakes
– 305-512-1550

## For all Other Outpatient Services

To schedule/pre-register by phone: Please call **305-663-8413** between the hours of 8:30 a.m. and 5 p.m. Monday through Friday.
To pre-register online: Please log on to www.mch.com, then click on the For Patients & Families header and then on the Admission & FAQs header. Finally, click on Pre-Registration.

## Patient Access Services

Upon arrival at Miami Children's Hospital, families are asked to go to the Patient Access (registration/admitting) office located on the ground floor. Families who have pre-registered will need to stop here briefly before being directed to the service location. Those who have not pre-registered can do so at this time.

**Patient Access Services Hours:**
Monday to Friday: 7 a.m. to 8 p.m.
Saturday: 7:30 a.m. to 4 p.m.
Sunday: 7:30 a.m. to 2 p.m.

## HMO, PPO & MEDIPASS

If you are a member of a Health Maintenance Organization (HMO), a Preferred Provider Organization (PPO), or Medipass, please contact your carrier or your Primary Care Physician (PCP) in advance for a referral or authorization to ensure the service(s) you will be receiving are covered. In addition, some carriers issue authorization numbers or referral forms. Please obtain this information prior to coming to the Outpatient Services.

## No Insurance

If you do not have insurance coverage, payment is due at the time of registration. For your convenience, we accept Visa, Master Card, American Express and personal checks.

# INSTRUCCIONES

Su doctor ha solicitado que su niño(a) reciba uno o varios servicios en el Miami Children's Hospital como se indica en este formulario de solicitud. La información a continuación le ayudará a planificar la fecha en la que recibirá el servicio(s) y a incribirse para recibir dicho servicio(s).

## Servicios de Rehabilitación

Las citas pueden ser confirmadas llamando al centro más cercano a su domicilio:
Sede principal del Miami Children's Hospital (Schenley Park - Miami)
– 305-666-6511, ext. 2927
MCH Dan Marino Center (Weston)
– 954-385-6200
Centro del Miami Children's Hospital en el Sur del Condado Dade (Palmetto Bay)
– 786-268-1776
Servicios de Rehabilitación del Miami Children's – Miami Lakes
– 305-512-1550

## Para Todos los Servicios de Pacientes Externos

Para hacer citas/pre-inscribirse por teléfono: Por favor llame al **305-663-8413** entre las 8:30 a.m. y las 5 p.m. de lunes a viernes.
Para hacer citas/pre-inscribirse en nuestra página del internet: Por favor conéctese a www.mch.com. Oprima en el enlace Para Pacientes y Familias, entonces en el enlace Admisiones y Preguntas Frequentes y luego en el enlace Pre-Inscripción.

## Servicios de Acceso de Pacientes

Al llegar al Miami Children's Hospital, se le pedirá a las familias que se dirijan a la oficina de Acceso de Pacientes/Patient Access (inscripción/admisión) localizada en la planta baja. Las familias que se hayan pre-inscrito deberán entrar en esta oficina brevemente antes de que puedan ser dirigidos al lugar donde recibirán el servicio(s). Quienes no se hayan pre-inscrito podrán hacerlo en este momento.

**Horario Servicios de Acceso de Pacientes (Inscripción/Admisión):**
De lunes a viernes: De 7 a.m. a 8 p.m.
Sábado: De 7:30 a.m. a 4 p.m.
Domingo: De 7:30 a.m. a 2 p.m.

## HMO, PPO y Medipass

Si usted es miembro de una Organización de Mantenimiento de la Salud (HMO), una Organización de Proveedores Preferidos (PPO) o Medipass, por favor comuníquese con su compañía de seguro de salud o su Médico de Cabecera (PCP) previo a obtener la referencia para un médico o una autorización, para asegurar que los servicios que recibirá están cubiertos. En adición, algunas compañías de seguro médico emiten números de autorización o formularios de referencia. Por favor, obtenga esta información antes de acceder a los servicios para pacientes externos.

## Pacientes sin Seguro Médico

Si usted no tiene cobertura de un plan de salud, el pago es requerido al inscribirse. Para su conveniencia, aceptamos Visa, MasterCard, American Express y cheques personales.

# WELCOME TO MIAMI CHILDREN'S HOSPITAL®

Founded in 1950 by Variety Clubs International, today Miami Children's Hospital® has more than 600 attending physicians and over 130 pediatric sub-specialists. The 275-bed hospital is renowned for excellence in all aspects of pediatric medicine. Over the years, Miami Children's has established itself as a world leader in medical education and is home to the largest pediatric teaching program in the southeastern United States. It has also been designated an American Nurses Credentialing Center (ANCC) Magnet facility, the nursing profession's most prestigious institutional honor. The focus at MCH is always on advancements in pediatric medicine. In fact, Miami Children's Hospital is South Florida's only licensed specialty hospital *exclusively* for children.

**Miami Children's Hospital • 3100 SW 62nd Avenue, Miami, FL 33155 • (305) 666-6511**
For program information or a physician referral call **(305) MCH-4KIDS** (in Miami-Dade) or **888-556-4KIDS** or visit www.mch.com

070907

MIAMI CHILDREN'S HOSPITAL

# Outpatient Services Service Request Form
# Pacientes Externos Formulario Para Solicitar Servicios

Routine ☐ Stat ☐ Date: _____ Physician's Name: _____ Medipass Provider #: _____

Patient's Name: _____ Physician's Phone #: _____ Physician Signature: _____

Diagnosis or Symptoms: _____ Authorization #: _____ NPI #: _____

## LABORATORY

| | CPT # | Results |
|---|---|---|
| ☐ AMMONIA (NH3, NH4) | 82140 | 24 Hours |
| ☐ AMYLASE | 82150 | 24 Hours |
| ☐ AMINO ACIDS (URINE) | 84560 | 5 Wk Days |
| ☐ BASIC METABOLIC PANEL (CA, NA, K, CL, CO2, Glucose, BUN, B/C Ratio, Creat) | 80048 | |
| ☐ BILIRUBIN, FRACT. (Total, Direct, Indirect) | 82247 | 24 Hours |
| ☐ BETA STREP (GRP A Strep Rapid Screen) | 87880 | 24 Hours |
| ☐ BLOOD CULTURE | 87040 | 5 Wk Days |
| ☐ CALCIUM (Ca) | 82310 | 24 Hours |
| ☐ CBC WITH DIFF. PLAT. | 85007 | 24 Hours |
| ☐ C-REACTIVE PROTEIN (CRP) | 86140 | 24 Hours |
| ☐ CREATININE | 82565 | 24 Hours |
| ☐ DEPAKENE (DEPAKOTE, VALPORIC ACID) | 80164 | 24 Hours |
| ☐ DILANTIN (PHENYTOIN) | 80185 | 24 Hours |
| ☐ GLUCOSE (BLOOD SUGAR) | 82947 | 24 Hours |
| ☐ GLYCOHEMOGLOBIN LEVEL (HGB A1C) | 83036 | 5 - 7 Wk Days |
| ☐ GRAM STAIN (SMEAR ONLY ROUTINE) | 87205 | 24 Hours |
| ☐ IMMUNOGLOBULIN A (IGA) | 82784 | 3 - 5 Wk Days |
| ☐ IMMUNOGLOBULIN E (IGE) | 82785 | 3 - 5 Wk Days |
| ☐ IMMUNOGLOBULIN G (IGG) | 82784 | 3 - 5 Wk Days |
| ☐ IMMUNOGLOBULIN M (IGM) | 82784 | 3 - 5 Wk Days |
| ☐ IRON LEVEL (Fe) | 83540 | 24 Hours |
| ☐ IRON BINDING CAPACITY (TIBC) | 83550 | 24 Hours |
| ☐ LEAD | 83655 | |
| ☐ LIPID PROFILE (Triglyceride, CHOL/HDL, CHOL, HDL) | 80061 | 24 Hours |
| ☐ MAGNESIUM (Mg) | 83735 | 24 Hours |
| ☐ MONO-SPOT | 86403 | 24 Hours |
| ☐ NP CULTURE | 87070 | 48 - 72 Hours |
| ☐ ORGANIC ACID (BLOOD) | 83919 | 5 Wk Days |
| ☐ PERTUSSIS CULTURE/FA STAIN | 87206<br>87140<br>87163<br>CULTURE | FA - 3 Wk Days<br><br><br>5 to 7 Wk Days |
| ☐ PHENOBARBITOL | 80184 | 24 Hours |
| ☐ PREGNANCY (BLOOD) | 84703 | 24 Hours |
| ☐ PREGNANCY (URINE) | 84703 | 24 Hours |
| ☐ PT | 85610 | 24 Hours |
| ☐ PTT | 85730 | 24 Hours |
| ☐ PYLORI G | 86677 | |
| ☐ PYLORIAMRL | 86677 | |
| ☐ PYLORIMMRL | 86677 | |
| ☐ RETIC GENS (RETIC COUNT) | 85045 | 24 Hours |
| ☐ ROUTINE CULTURE | 87070 | 48 - 72 Hours |
| ☐ RSV BY ELISA | 86756 | 24 Hours |
| ☐ SGOT (AST) | 84450 | 24 Hours |
| ☐ SGPT (ALT) | 84460 | 24 Hours |
| ☐ SICKLE CELL PREP | 85660 | |
| ☐ STOOL CLOSTRIDIUM DIFFICILE EIA | 87324 | 48 Hours |
| ☐ STOOL CULTURE | 87045 | 48 - 72 Hours |
| ☐ STOOL H PYLORI | 87449 | 3 - 4 Wk Days |
| ☐ STOOL OCCULT BLOOD | 82270 | 24 Hours |
| ☐ STOOL OVA & PARASITES | 87177 | 24 Hours |
| ☐ STOOL ROTAVIRUS | 86759 | 24 Hours |
| ☐ STOOL WBC's | 89050 | 24 Hours |
| * ☐ SWEAT TEST | 89230 | 3 - 5 Wk Days |

## LABORATORY (con't)

| | | |
|---|---|---|
| ☐ T3 | 84480 | 3 - 5 Wk Days |
| ☐ T3 UPTAKE | 84479 | 3 - 5 Wk Days |
| ☐ T4 | 84436 | 3 - 5 Wk Days |
| ☐ TEGRETOL (CARBAMAZEPINE) | 80156 | 24 Hours |
| ☐ THEOPHYLLINE LEVEL (AMINOPHYLLINE) | 80198 | 24 Hours |
| ☐ THROAT CULTURE | 87070 | |
| ☐ TSH | 84443 | 3 - 5 Wk Days |
| ☐ URINALYSIS WITH MICRO (U/A) | 81001 | 24 Hours |
| ☐ URINE CULTURE | 87086 | 48 - 72 Hours |
| ☐ WESTERGREN SED. RATE | 85652 | |

## ENDOCRINOLOGY LABORATORY

| | |
|---|---|
| ☐ ANTI-THYROID ANTIBODIES (Microsomal) | 86376 |
| ☐ ANTI-THYROID ANTIBODIES (Thyroglobulin) | 85300 |
| ☐ DHEAS | 82626 |
| ☐ FSH | 83001 |
| ☐ 17 HYDROXYPROGESTERONE | 83498 |
| ☐ LH | 83002 |
| ☐ SOMATOMEDIN C / Insulin Like Growth Factor | 84305 |
| ☐ T3 UPTAKE | 84479 |
| ☐ TESTOSTERONE | 84402 |
| ☐ OTHER _____ | |

## RADIOLOGY

| | |
|---|---|
| ☐ ABDOMEN-FLAT & UPRIGHT | 74020 |
| ☐ ABDOMEN-SINGLE KUB | 74000 |
| ☐ AIRWAY | 70360 |
| ☐ ANKLE-LEFT | 73600 |
| ☐ ANKLE-RIGHT | 73600 |
| ☐ AP SPINE-SCOLIOSIS | 72020 |
| ☐ AP & LAT ENTIRE SPINE | 72010 |
| * ☐ BARIUM ENEMA | 74270 |
| ☐ BONE AGE STUDIES | 77072 |
| ☐ BONE LENGTH STUDIES | 77073 |
| ☐ BONE SURVEY | 77075 |
| ☐ CERV SPINE-AP & LATERAL | 72040 |
| ☐ CHEST - AP & LATERAL | 71020 |
| ☐ CHEST - SINGLE FILM | 71010 |
| ☐ ELBOW - RIGHT | 73070 |
| ☐ ELBOW - LEFT | 73070 |
| ☐ FACIAL BONES - 3 OR MORE | 70150 |
| ☐ FEMUR - LEFT | 73550 |
| ☐ FEMUR - RIGHT | 73550 |
| ☐ FINGER OR FINGERS | 73140 |
| ☐ FOOT - LEFT | 73620 |
| ☐ FOOT - RIGHT | 73620 |
| ☐ FOREARM - LEFT | 73090 |
| ☐ FOREARM - RIGHT | 73090 |
| ☐ HAND - LEFT | 73120 |
| ☐ HAND - RIGHT | 73120 |
| ☐ HIPS - BOTH | 73520 |
| * ☐ IVP | 74400 |
| ☐ KNEE - LEFT | 73560 |
| ☐ KNEE - RIGHT | 73560 |
| ☐ LUMBO SPINE - AP & LA | 72100 |
| ☐ NASAL BONES | 70160 |
| ☐ ORBITS | 70200 |

## RADIOLOGY (con't)

| | |
|---|---|
| ☐ PARANASAL SINUSES | 70220 |
| ☐ PELVIS - AP ONLY | 72170 |
| ☐ SKULL - FOUR OF MORE V | 70260 |
| ☐ SKULL - LESS THAN FOUR | 70250 |
| ☐ TIBIA - FIBULA - LEFT | 73590 |
| ☐ TIBIA - FIBULA - RIGHT | 73590 |
| * ☐ UP GI & SM INTST STD | 74249 |
| * ☐ UPPER GI SERIES | 74246 |
| * ☐ VOIDING CYSTOGRAM | 74455 |
| ☐ WRIST - LEFT | 73100 |
| ☐ WRIST - RIGHT | 73100 |
| ☐ ORTHOPAEDIC TECHNICIAN (CAST) | |
| ☐ ORTHOPAEDIC TECHNICIAN (Cast Removal Window) | |
| ☐ ORTHOPAEDIC TECHNICIAN CONSULT | |
| ☐ ORTHOPAEDIC TECHNICIAN (SPLINT) | |
| ☐ OTHER _____ | |

## ULTRASOUND

| | |
|---|---|
| * ☐ BRAIN ULTRASOUND | 76506 |
| * ☐ GALLBLADDER U/S | 76705 |
| * ☐ LIVER U/S | 76705 |
| * ☐ PELVIC U/S | 76856 |
| * ☐ RENAL U/S | 76770 |
| * ☐ OTHER _____ | |

## CAT SCAN

| | |
|---|---|
| * ☐ C.T. SCAN - BRAIN - PLAIN | 70450 |
| * ☐ C.T. BODY - ABDOMEN - BOTH | 74170 |
| * ☐ C.T. BRAIN - BOTH | 70470 |
| * ☐ C.T. SCAN - ABDOMEN - PLAIN | 74150 |
| * ☐ OTHER _____ | |

## NUCLEAR MEDICINE

| | |
|---|---|
| * ☐ BONE SCAN | 78306 |
| * ☐ DMSA RENAL | 78700 |
| * ☐ GALLIUM SCAN | 78802 |
| * ☐ LASIX RENAL SCAN | 78708 |
| * ☐ MAG 3 RENOGRAM | 78707 |
| * ☐ TESTICULAR SCAN | 78761 |
| * ☐ THYROID SCAN | 78010 |
| * ☐ OTHER _____ | |

## MRI ♦

| | |
|---|---|
| * ☐ ABDOMEN (PLAIN) | 74181 |
| * ☐ EXTREMITY (UPPER) | 73218 |
| * ☐ BRAIN | 70551 |
| * ☐ SPINE (LUMBAR) | 72158 |
| * ☐ OTHER _____ | |

(Anesthesia or sedation required for MRI)

## CARDIOLOGY

| | |
|---|---|
| * ☐ CARDIAC DOPPLER | 93320 |
| * ☐ ECHO-REALTIME - COMP-M MODE | 93303<br>93320<br>93325 |
| * ☐ HOLTER MONITOR/SCAN 24 HR. | 93225 |
| * ☐ ROUTINE EKG | 93005 |
| * ☐ STRESS TEST | 93017 |
| * ☐ OTHER _____ | |

## PULMONARY CARE

| | |
|---|---|
| * ☐ FLOW VOLUME SCREENT PFT | 94360 |
| * ☐ FLOW VOL PRE & POST SCREENING PFT | 86890 |

## NEURO-DIAGNOSTIC SERVICES

| | |
|---|---|
| * ☐ SSER 1-2 EXT | 95925 |
| * ☐ BERA | 92585 |
| * ☐ VER 95930 | |
| * ☐ EMG - 2 EXT | 95861 |
| * ☐ SNC - 1 - 2 NERVES | 95904 |
| * ☐ MNC - 1 - 2 NERVES | 95900 |
| * ☐ ERG 92275 | |
| * ☐ BUNDLE OF HIS | 93600 |
| * ☐ FACIAL EMG | 95868 |
| * ☐ NEURO-MUSCULAR TRANSMISSION | 95937 |
| * ☐ BIOFEEDBACK - INITIAL VIS. | 90900 |
| * ☐ BEHAVIOR THERAPY 1 HR. | |
| * ☐ REG. EEG | 95819 |
| * ☐ EEG 24 HRS. | 95950 |
| * ☐ EEG W/VIDEO MONITORING | 95951 |
| * ☐ POLYSOMNOGRAM | 95810 |
| * ☐ MULT. SLEEP LATENCY TEST | 95805 |
| * ☐ MEP 1 - 2 | 95925 |
| * ☐ OTHER _____ | |

## REHABILITATIVE SERVICES ★

### AUDIOLOGY

* ☐ IMPEDANCE AUDIOMETRY
* ☐ PURE-TONE AUDIOMETRY
* ☐ BASIC AUDIOLOGY CONSULT
* ☐ BASIC AUDIOLOGY CONSULT & CENTRAL TESTING
* ☐ OTHER _____

### OCCUPATIONAL THERAPY

* ☐ CRANIAL REMODELING HELMET
* ☐ EVALUATION ONLY
* ☐ EVALUATION AND INTERVENTION
* ☐ OTHER _____

### PHYSICAL THERAPY

* ☐ EVALUATION ONLY
* ☐ EVALUATION AND INTERVENTION
* ☐ OTHER _____

### SPEECH-LANGUAGE PATHOLOGY

* ☐ SPEECH-LANGUAGE-COMMUNICATION CONSULT ONLY
* ☐ CONSULT AND INTERVENTION
* ☐ FEEDING EVALUATION AND INTERVENTION
* ☐ OTHER _____

*** APPOINTMENT NECESSARY**

♦ **Appointments available at:**
**Citas disponibles en:**
Miami Children's Hospital, the MCH South Dade Center (Palmetto Bay), and the MCH Dan Marino Center (Weston).

★ **Appointments available at:**
**Citas disponibles en:**
Miami Children's Hospital, the MCH South Dade Center (Palmetto Bay), the MCH Dan Marino Center (Weston) and Miami Children's Rehabilitative Services - Miami Lakes