

Kaiser Permanente Community Surgery Project Access Now Tracking Tool

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| County | | | |
| Care Coordinator | | | |
| Patient Name | | | |
| Patient ID | | | |
| Patient Address | | | |
| Patient Phone | | | |
| Diagnosis | | | ICD-9: |
| Interpretation Needed/Language | | Yes No | Language: |
| Transportation needs identified? | | Yes No | |
| Date Chart Notes emailed to Kaiser: | | | |
| Patient Eligibility? | Eligible for surgery at Kaiser | | Yes No |
| | Never eligible for surgery at Kaiser | | Yes No |
| | Not eligible, but surgery is recommended | | Yes No |
| | Surgery is not recommended at this time | | Yes No |
| Assigned Surgeon | | | |
| Health Record # Assigned | | | |
| Pre-op Evaluation Date | | | |
| Requested Pre-op Procedures | | | |
| Chart Notes fax to Coordinator? | | Yes No | |
| Claims to: | | Office | EDI Payer ID |
| Claims ID: (Add 5 digit ID #) | | PAN000000 | |
| Surgery Date/Time/Location | | Date: | Time: Location: |
| Pre-op appointment reminder call? | | Yes No | |
| Surgery date/time reminder call made? | | Yes No | |
| Chart notes received back from Kim? | | Yes No | |
| Date: | | Initials: | |
| NOTES: | | | |
| | | | |
| Date: | | Initials: | |
| NOTES: | | | |
| | | | |
| Date: | | Initials: | |
| NOTES: | | | |
| | | | |

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