

# PRE-CERT.

South Jersey Brain & Spine Surgery, LLC  
Syed Aftab Karim, MD

ELIGIBILITY/BENEFITS    RADIOLOGICAL    BRACING    SURGERY

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Procedure: \_\_\_\_\_

Part of Body: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Place of Service: \_\_\_\_\_ Appt: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Telephone # for Ins. Co: \_\_\_\_\_

Spoke with: \_\_\_\_\_

E.O.B. \_\_\_\_\_

Deductible: \_\_\_\_\_ DD has been satisfied: \_\_\_\_\_

Telephone # for Pre-Cert: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments: \_\_\_\_\_

Patient is Aware: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_