

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Anesthesia Procedures Delineation of Privileges

Applicant should mark an "X" in the "Requested" column corresponding to the clinical privilege requested.

Requested	Procedure	Approved	Denied
	General Anesthesia -all types		
	Monitored Anesthesia Care / IV Sedation - all types		
	Regional Anesthesia:		
	• Spinal/Intrathecal Anesthesia		
	• Epidural (Caudal/Lumbar/Thoracic)		
	• Brachial Plexus (Axillary/Interscalene/Supraclavicular)		
	• Intravenous Regional (Bier)		
	• Peripheral Nerve Injections		
	• Intercostal		
	Insertion of Cannulas, central venous, pulmonary artery, arterial pressures		
	Invasive hemodynamic monitoring		
	Fiberoptic Bronchoscopy		
	Pain Management (local anesthetics/steroids):		
	• Epidural (Caudal/Cervical/Lumbar/Thoracic)		
	• Peripheral Nerve Injections		
	• Sympathetic Nerve Injections (Celiac, Lumbar, Stellate)		
	• Trigger Point Injections		
	• Infiltration of Lesion		
	Other Procedures (please list):		

Physician Signature

Date

Medical Director Signature

Date

Central Wyoming Outpatient Surgery Center

MEDICARE ATTESTATION ACKNOWLEDGEMENT STATEMENT NOTICE TO PHYSICIANS

“Medicare payment to Ambulatory Surgery Centers is based on each patient’s procedures performed, as attested to by the patient’s attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.”

I, _____, the undersigned, acknowledge having received the above notice.
(print or type name)

(legal signature)

(date)

(Legal signature means that which you would normally use on documents such as a Will, checks, etc. Initials are not acceptable.)