

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Gastroenterology Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Colonoscopy-- with biopsy, dilation, polypectomy and ablation		
	Esophagogastroduodenoscopy-with biopsy, polypectomy and ablation		
	Endoscopic Sphincterotomy, and stent placement		
	ERCP with biopsy		
	Esophageal Dilatation		
	Gastroscopy Tube Insertion/Removal		
	Heater Probe Coagulation / Argon Plasma Coagulation		
	Liver Biopsy		
	Paracentesis		
	Peritoneoscopy		
	Sclerotherapy		
	Sigmoidoscopy--flexible or rigid with biopsy and polypectomy		
	Small Intestine Biopsy		
	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.)