

CENTRAL WYOMING OUTPATIENT SURGERY CENTER

Ophthalmology Procedures Delineation of Privileges

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

Requested	Procedure	Approved	Denied
	Aspiration of Aqueous Humor		
	Biopsy--conjunctiva, eyelid, and cornea		
	Blepharoplasty		
	Canthus Excision		
	Canthoplasty		
	Cataract--with or without lens implant		
	Cataract Repair--post-op defect		
	Chalazion Excision		
	Corneal Ulcer Curettage		
	Corneal Transplant		
	Cryotherapy		
	Cyst Excision		
	Diathermy—cryosurgery		
	Ectropion Functional and Cosmetic Repair		
	Entropion Repair		
	Enucleation/Evisceration/Exenteration		
	Exam under Anesthesia		
	Excision and Repair Conjunctiva Lesion		
	Exploration of Orbit		
	Eyelid surgery		
	Eye Muscle Surgery		
	Foreign Body Removal		
	Fundoscopy Exam under Anesthesia		
	Glaucoma Testing and Treatment – Glaucoma Surgery (trabeculectomy)		
	Grafts--split thickness and pedicle		
	Iridectomy		
	Keratotomy – Radial		
	Lacrimal Duct Probing		
	Lacrimal Duct Reconstruction/Dilation		
	Midface Tumor Excision/Laceration Repair/Burn Treatment		
	Repair Corneal Laceration		

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Requested	Procedure	Approved	Denied
	Tension Measurement		
	Therapeutic Retrobulbar Injection		
	Vitreous Aspiration		
	Temporal Artery Biopsy		
	Pterygium excision with/without graft		
	Lasik		
	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.)