

CALIFORNIA DIGESTIVE DISEASES CENTER

Dr. Ujagger S. Dhillon MD

Dr. Jayakrishna Chintanaboina, MD

7405 North Fresno Street

Fresno, CA 93720

P: 559-438-8400 F: 559-438-0477

DIRECT PROCEDURE REFERRALS REQUIREMENTS

Prior to referring patients to our office, please make sure the following is done to ensure there is no delay in scheduling the patients

For all referral, we need the following:

_____ Complete patient demographics: Ins cards, correct contact numbers, SS#

_____ Most recent visit notes

_____ Procedure report (with pictures) and the pathology report

_____ If any, list prior gastrointestinal surgeries, specify:_____

_____ Prep scores- please indicate the BBPS score or indicate if the patient was clean for the previous procedure. (We'll need to know if we need to provide a one or two day prep)

_____ Medication lists-either in the visit notes or attached separately. If the patient is not on any medications, please indicate that

_____ Authorizations-On the auths, please make sure you have Dr. Chintanaboina as the servicing provider at Saint Agnes Hospital. If the insurance states 'No Auth Req', we need documentation to send to the hospital or the procedure will not be scheduled.

(Dr. Chintanaboina's NPI: 1144478454 SAH NPI: 1205845567)

_____ For ALL EUS procedures, please attach any MRI/CAT scans

YES/NO Does the patient have any renal complications? If yes, specify:_____

YES/NO Does the patient need cardiac clearance? If yes, please make sure to attach it.

YES/NO Is the patient on anticoagulation medications? If yes please make sure we have information on holding the medication, for how many days? Also attach any labs done recently by your office or PCP's office. (with 3 months)

If you have any questions please contact the office:

559-438-8400

Ext 111 for Kiran (scheduler)

Ext 116 for Blanca (office manager)