

(INTERNAL USE ONLY – DO NOT FAX)

Scheduling Check List for CT Lung Screening

Date: ___/___/___

Prepared by: _____

Patient Name: _____ DOB: ___/___/___ SS#: _____

Provider Name: _____

Fax Lung Screening Order to PCP office for signature? Date: ___/___/___ Received fax confirmation? YES NO

Received PCP-signed order from PCP office? Date: ___/___/___

Is Prior Auth needed? YES NO PCP Notified that PA needed? Date: ___/___/___ NOT REQUIRED

If MEDICARE, Part A AND B? YES ___ NO ___ Grandfathered Plan? YES ___ NO ___

U OF L HOSP
(502.562.4009)

[JHDT MCE MCNE MCS]
(587.4327)

[SMEH MCSW]
(569.7951)

JH-SHELBYVILLE
(502.587.4327)

[ST J EAST ST J MAIN]
(859.313.1973)

FLAGET
(502.350.5112)

JESSAMINE
(859.313.1973)

RICHMOND
(859.626.3412)

MT STERLING
(859.497.5125)

BRI – EAST
(859.629.7230)

BRI – WEST
(859.276.2157)

LONDON HOSP
(606.330.6060)

LONDON IMAGING
(606.877.2840)

MARTIN
(606.285.6480)

Procedure scheduled? (Scheduler's Name) _____ Date: ___/___/___

*JEWISH DT (+ SOVERA) Fax order to JHDT Patient Access at **502.587.4263** (Hilary): Date: ___/___/___

*ST.s MARY & ELIZ (+ SOVERA) Fax to SMEH Pt Access at **502.361.6688 & 502.361.6671** (Hilary): Date: ___/___/___

*SOVERA (for SMEH, JHDT, JHMCE, MCNE, MCS, and MCSW) Circle chosen facility & fax signed order: Date: ___/___/___

U OF L HOSPITAL Fax order to ULH Med. Imaging at **502.540.1568** (scan to Dana Lee): Date: ___/___/___

JHMCE, MCNE, MCS, MCSW Circle chosen facility & fax signed order (Hilary): Date: ___/___/___

JH-SHELBYVILLE Fax order to **502.647.4193 AND 502.647.4036** (Hilary): Date: ___/___/___

FLAGET Fax order to Flaget Med. Imaging at **502.350.5006** (scan to Maggie Smith): Date: ___/___/___

ST JOE EAST or MAIN (LEX) Fax order to **859.313.3608** (scan to Marlene McKinley): Date: ___/___/___

BRI – EAST Fax order to 859.629.7231 (scan to Marlene McKinley): Date: ___/___/___

BRI – WEST Fax order to 859.313.3543 (scan to Marlene McKinley): Date: ___/___/___

JESSAMINE Fax order to **859.313.3608** (scan to Marlene McKinley): Date: ___/___/___

LONDON IMAGING CTR Fax order to **606.877.2845** (scan to Marlene McKinley): Date: ___/___/___

LONDON HOSP. Fax order to **606.330.6096** (scan to Marlene McKinley): Date: ___/___/___

RICHMOND Fax order to **859.626.8440** (scan to Marlene McKinley): Date: ___/___/___

MARTIN Fax order to **606.285.6489** & scan to (Brenda Francis) **brendafrancis@catholichealth.net** Date: ___/___/___

MT STERLING Fax order to **859.497.5122** (Hilary) Date: ___/___/___

_____ Enter into Excel Lung Screening Spreadsheet Date: ___/___/___

_____ DOES ORDERING PROVIDER KNOW WHEN/WHERE PT IS SCHEDULED? Date: ___/___/___