



New York  
Eye and Ear  
Infirmary of  
Mount  
Sinai

# FINANCIAL CLEARANCE FORM

LAST NAME

FIRST NAME

DATE OF BIRTH

PRIMARY INSURANCE / POLICY #

Is precertification required?    YES                  NO

Precertification Status:    APPROVED                  PENDING

Authorization Number:

How many days are Authorized?                  FROM:                          TO:

CPT Codes Authorized:

Point of contact (POC) / Call Ref #

INPATIENT                  OUTPATIENT

FEMTO

LENS TYPE:

Special Equipment: Propel / Clarifix / Implants / OmniGuide / I-Stent / Xengel

MicroStent (High Cost Surgical Item)

Cosmetic Self-Pay Portion (Time in Minutes):