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# New Patient Chest Surgery Intake Checklist

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| The following must be completed **prior to scheduling an initial consult** with Dr. Esther Kim for chest surgery. Once complete, please send to the Transgender Care Navigator: By email: TransCare@ucsf.edu or By fax: 1-415-353-2494Questions? Call 1-415-885-7770 or visit <http://transcare.ucsf.edu/chest-surgery>Medical History

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| [ ]  **Documented body mass index (BMI) < 37*** This can be included in medical records from a recent doctor visit. Or, it can be documented in your medical clearance letter (see below).

[ ]  For patients seeking top surgery/masculinizing chest surgery:* A recent (within one year) mammogram if you are 40 and older.
	+ Please fax or bring with you to your first consultation
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## Insurance Checklist

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| [ ]  Check if your insurance requires a referral and authorization from your primary care physician (PCP) to see Dr. Kim for a specialist consultation[ ]  Insurance Checklist:  Please contact a customer service representative from your insurance company to fill in information below:Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Member ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reference Number for Call with Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Network Benefits**Please provide your insurance company the following information for an accurate estimate of coverage: UCSF Medical Center Tax ID Number: **943281657** CPT (Common Procedural Terminology) that needs to be covered and/or authorizedOffice Visit Consultation: **99245 and 99244**Bilateral Breast Augmentation for MTF Patients: **19325, 19325-50**Bilateral Mastectomy and Arreola Reconstruction (Top Surgery) for FTM Patients: **19303, 19403-50, 19350, 19350-50**Is UCSF Medical Center, Plastic & Reconstruction Department in-network with your plan? **Yes / No** If UCSF Medical Center is out-of-network, ask for names of providers who are in-network: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is pre-authorization or pre-certification for specialist office visit consults necessary? **Yes\*\* / No** \*\* If Yes, please contact our office immediately by calling (415) 885-7770. In-Network /Out-of-Network Copay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In-Network /Out-of-Network Co-Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In-Network/Out-of-Network Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Plastic Surgery Intake Forms

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| [ ]  Complete the Plastic Surgery Intake packet[ ]  Complete the Medication List Transgender Care Intake Forms

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| [ ]  Complete the UCSF Transgender Care Patient Intake Form |

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## Medical Clearance Letters

**\*Please make sure that your letter(s) follow the Medical Clearance Template on the website\***

[ ]  Obtain 1 letter from your medical provider (must be an MD, NP, or PA)

* Must state the specific surgical procedures you are seeking
* Must follow WPATH Criteria and document the following:
	+ Persistent, well-documented gender dysphoria
	+ Capacity to make a fully informed decision and to consent for treatment
		- It is acceptable for the statement of capacity to provide consent to come from a mental health provider
	+ Any significant medical or mental health concerns are reasonably well-controlled
		- This should include a discussion of the status and care plan for any significant active health issues
	+ Documentation of hormone therapy
		- Breast Augmentation patients: Documentation of at least one year of current and consistent estrogen hormone therapy
		- Top Surgery/Musicalizing Chest Surgery: If you are taking testosterone, documentation by your provider of when this treatment began
* Must state you are medically cleared and prepared for surgery
* Must state your body mass index (BMI) if not indicated on your medical records

\* Specific insurance plans may have additional requirements. In some cases, a formal Referral Letter from a licensed mental health professional may be required.