

Propofol-based Sedation

for Single-Specialty and Office Based Facilities



- Established payor contracts
- Dedicated & Locally recruited anesthesiologist & CRNA teams
- 50 state coverage

REQUEST A PRO FORMA

Fax to: 678-713-5871

Email to: timothy@ahphealthcare.com

Call me: Tim Beisner @ 1-800-945-6133

Contact Name: _____ Title: Physician Partner
 Primary Owner
Center's Name: _____ Administrator

- An information packet for:** Endoscopy Center
 Urology Center
 Physician Office

Sent to:
Mailing address: _____ Zip Code _____
Email Address: _____

- A Phone Call - to discuss our unique partnership levels**

Phone number: _____

- Include a draft service agreement & pro forma - based upon:**

1. Number of facilities in your system: _____
2. Number of procedure rooms anesthesia will cover: _____
3. Number of annual cases to be covered by propofol: _____
4. Average number of anesthesia minutes per case: _____
5. Payor mix for cases listed above:

_____ % Aetna	_____ % Medicare
_____ % Blue Shield	_____ % Medicaid
_____ % Cigna	_____ % Self-Pay/Cash
_____ % United Healthcare	_____ % Research/Free Clinic
_____ % Other Commercial Payor	100 % TOTAL

Percentage of non-anesthesia cases included in above mix, if any: _____%

6. Days of week and time of day that procedure rooms are open: _____
7. What are the counts for your top 5 CPT codes:
a) _____ b) _____ c) _____ d) _____ e) _____

Please contact Tim Beisner via timothy@ahphealthcare.com or at 1-800-945-6133 with questions at anytime.