

Advantage Anesthesia Group Service Proposal Request Information

www.AdvantageAnesthesiaGroup.com

Phone: (561) 504-8595 Fax (775) 665-5051 Email: AnesthesiaDoctors@gmail.com

Name of Office/Center: _____

Street address: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

Backline: () _____ - _____ Emergency: () _____ - _____

Contact: _____ Web Address: _____

Types of Cases Requiring Anesthesia?

Principals and Titles:

1) Title: _____ Name: _____

Contact Info: Email: _____

Phone: _____ Cell: () _____

2) Title: _____ Name: _____

Phone: _____ Cell: () _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

Name of Accounts Payable Contact & Mailing Address, if different from Main Office location:

Number of Locations (offices/facilities/centers) needing anesthesia coverage: _____

(If more than one, please provide same information below for each center on a separate page).

Center # _____ Name of Center: _____

Street address: _____

Is AAG replacing previous anesthesia provider/s or supplementing? _____
If replacing, why, and when do you anticipate AAG coverage will be needed?

How many ORs? ___ # of ORs used, & on what days? _____
How many hours per: day – week - month is each OR used (average)? _____ How many
cases are done in that time frame? General: _____ IV Sedation: _____ Local: _____
What are usual hours of OR operation? _____

Any weekend, holiday or evening/night time hours required?

What are your unique issues or matters of importance?

Are Surgeons the owners, employees, or independent contractors of facility?

Names of all Surgeons employed, associated or contracted with facility with whom Advantage
Anesthesia Group's Anesthesia Providers will work:

Do all surgeons have professional liability insurance? If so, what are the limits?
