

**CONTACT CENTER CHECKLIST
535-7000**

**OPTION 1 FOR KAPI'OLANI OR OPTION 2 FOR PALI MOMI
THEN SELECT OPTION 3 FOR MD PRIORITY LINE**

**To help expedite scheduling calls, please have the following
information available:**

- Patient's MRN, if available
- Patient's date of birth
- Patient's last name and first name
- Patient's current insurance coverage
- Patient's current mailing address
- Inform scheduler if order is in Epic
- If order is not in Epic, please provide:
 - Procedure (For example, CT with or without contrast)
 - Diagnosis with ICD if available
- Location (Pali Momi or Kapi'olani)
- Preferred date and time for procedure

**The Contact Center does not schedule STAT or same day appointments.
Please contact department directly for assistance.**