Fifth Ave Surgery Center Extension Clinic

305 East 47th Street New York, NY 10017

Tel.: (646) 233-5000

Office Fax: (646) 233-5001

Patient Booking Form

☐ Medicare/Medicaid ☐ Private/Commercial ☐ NJ PIP ☐ NYNF ☐ WC ☐ Legal Funding ☐ Self-Pay

*** * MUST FAX BACK WITH LEGIBLE COPY OF PATIENT'S INSURANCE CARD: FRONT & BACK * ***

Today's Date: txt_date	Previous Admission: Yes ☐ No ☐	
Patient's Name: txt_name|EmpName	Patient's Social Security # txt_ssn|SSN	
Patient's Gender: txt_sex|Sex	Patient's Date of Birth: txt_dob|DOB	
Patient's Home Address: txt_address|Address1		
City: txt_city|City	State: txt_state|State Zip Code: txt_zip|Zip	
Home Phone # txt_Phone2|Phone2	Work Phone # txt_Phone2|Phone2	Cell Phone # txt_mob|Phone2
Notify In Case of Emergency: Text14	Phone # Text15	Relationship: Text16
Primary Insurance: txt_InsCo|InsCo	Claims Address: Text18	
Insurance Co. Phone #: txt_InsPhone|InsPhone	Adjuster: txtAdjuster|Adjuster	
Policy ID # txt_policy_no|policy_no	Claim # txt_ClaimNumber|ClaimNumber	DOA/DOL: txt_doa|DOA
Secondary Insurance: Text24	Claims Address: Text31	
Insurance Co. Phone #: Text25	Adjuster: Text30	
Policy ID # Text26	Claim # Text29	DOA/DOL: Text32
Attorney's Name: txt_attorney|Attorney	Attorney's Phone #: txt_attorneyPhno|AttorneyPhno	

NB ALL PRIVATE INSURANCE/WORKERS' COMP/PIP CASES MUST HAVE PRIOR AUTHORIZATION FOR APPROVED TREATMENT

Admitting Diagnosis: M23.92

Text34

Proposed Procedure: Left Knee Arthroscopy - 29876, 29874, 29880

Text36

Text37

Referring Physician: Text38	Referring Clinic: Text39	Phone #: Text47
Admitting Surgeon: Dr. Anjani Sinha	Contact Person at Clinic: Eric - 718-886-2011	
Proposed Surgery Date: txtproc_code_date	Proposed Time of Surgery: Text46	
Anesthesia Type: Text42	Estimated Surgery Duration: Text48	
Surgeon Requires Assistant: Text43	Specific Supplies and/or Equipment: Text49	

Patient Needs Transportation: Yes ☒ No ☐

Note Pick Up Address if Different from Home (Above):

Text44

Affirmation By Medical Staff that He/She has Explained Proposed Procedure to the Patient to the Fullest Extent Possible By State Law

Medical Staff's Signature: Patient's Signature: