Surgicore Surgical Center, LLC

444 Market Street, Saddle Brook, NJ 07663
Tel.: (201) 843-9441
Office Fax: (201) 843-9442

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: Date	Previous Admission: Yes ☐ No ☐		
Patient's Name: Patient Name|patientfullname	Patient's Social Security # Patients Social Security|SSN		
Patient's Gender: M ☐ F ☐	Patient's Date of Birth: Date		
Patient's Home Address: Pat ent s Home Address|Address1			
City: Patient City|City	State: Patient State|	Zip Code: Patient Zip Code|Zi	
Home Phone # Home Phone|Phone	Work Phone # Work Phone|work_phone	Cell Phone # Cell Phone|Phone2	
Notify In Case of Emergency: Emergency Contact Nar	Phone # Emergency Contact Phone	Relationship: Emergency Contact	

Primary Insurance: Primary Insurance|InsCo	Claims Address: Primary Insurance Claims Address|InsAddress1		
Insurance Co. Phone #: Primary Insurance Phone|In	Adjuster: Primary Insurance Adjuster|AdjUserName		
Policy ID # Primary Insurance Policy ID|policy_nc	Claim # Primary Insurance Claim Numb	DOA/DOL: Primary Insurance DO	
Secondary Insurance: Seccondary Insurance	Claims Address: Seccondary Insurance Claims Address		
Insurance Co. Phone #: Seccondary Insurance Phor	Adjuster: Seccondary Insurance Adjuster		
Policy ID # Seccondary Insurance Policy ID	Claim # Seccondary Insurance Claim Nu	DOA/DOL: Seccondary Insurance	
Attorney's Name: Attorneys Name|Attorney	Attorney's Phone #: Attorneys Phone|AttorneyPhno		

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

Admitting Diagnosis:	Admitting Diagnosis
Proposed Procedure:	Proposed Procedure
CPT Codes:	

Referring Physician: Referring Physician	Referring Clinic: Referring Clinic	Phone #: Referring Physician Phone	
Admitting Surgeon: Admitting Surgeon	Contact Person at Clinic: Contact Person at Clinic		
Proposed Surgery Date: Proposed Surgery Date	Proposed Time of Surgery: Referring Physician		
Anesthesia Type: Anesthesia Type	Estimated Surgery Duration: Surgery Duration		
Surgeon Requires Assistant: Surgeon Requires Assis	Specific Supplies and/or Equipment: Specific Supplies Needed		
Patient Needs Transportation: Yes ☐ No ☐			

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

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: