## NORTH QUEENS SURGICAL CENTER 45-64 FRANCIS LEWIS BLVD BAYSIDE NY 11361 Fax 929-258-7722

## Email:Rbinder@northqsc.com

Physician:	Today's Date:		
PATIENT INFORMATION: (Please provide 2 phor	ne numbers)		
LAST NAME:	NAME:FIRST NAME		
ADDRESS:			
HOME #: WORK #:	CELL #:	_	
GENDER: Male Female SSN:	DOB:		
Email address:			
PROCEDURE INFORMATION:			
DATE OF SURGERY:	TIME: LENGTH:		
PROCEDURE CPT CODE(S):		_	
PROCEDURE DESCRIPTION (as will be shown on consent)	:		
DIAGNOSIS:  ANESTHESIA: General / MAC / ISB / Bier Block / L	Local ASSISTANT: Y /N LATEX ALLERGY: Y /N	-	
HIPAA CONSENT TO LEAVE VOICE MESSAGE ON PATIEN  INSURANCE INFORMATION: Commercial, Medic	T VOICEMAIL: PYES NO care, Medicaid (MUST ATTACH COPY OF INSURANCE	CARD)	
(Please circle which applies) WORKERS COMP NO F	FAULT		
NAME OF INSURANCE CARRIER:		_	
PATIENT ID OR CLAIM #:	DATE OF ACCIDENT/INJURY:		
WCB #:			
CLAIM ADJUSTER NAME/NUMBER:			
NAME OF ATTORNEY/ NUMBER :			
INCLIDANCE ADDDOVAL OD AUTHODIZATION #-			

Printed By: claudiawp Printed on: 10/18/2017

## **Patient Information**

Personal Information			
First Name	EMILY	Middle Name	-
Last Name	EDWARDS	D.O.B	01/24/2003
Gender	Female	Address	423 SOUTH FULLTON AVE APT3
City	MOUNT VERNON	State	NEW YORK
Cell Phone #	347-206-6391	Home Phone	718-881-5845
Work	-	Zip	10553
Email	-	Extn.	-
Attorney	DOMINICK LAVELLE	Case Type	No-Fault
Attorney Address	100 HERRICKS ROAD SUITE 201	Attorney Phone	800-745-4878
Case Status	OPEN	SSN	-

Insurance Information			
Policy Holder	-	Name	LIBERTY MUTUAL INS.
Address	P.O. Box# 1052	City	Montgomeryville
State	PENNSYLVANIA	Zip	18936-1052
Phone	800 245-1700	Fax	-
Contact Person	-	Claim File #	034381648
Policy #	AOS228001979405	WCB Group	

Accident Information			
Accident Date	09/14/2016	Plate Number	-
Report Number	-	Address	-
City	-	State	-
Hospital Name	-	Hospital Address	-
Date of Admission	-	Additional Patient	-
Describe Injury	-	Patient Type	Passenger

Employer Information			
Name - Address -			
City	-	State	-
Zip	-	Phone	-
Date of First Treatment	-	Chart #	-

Adjuster Information			
Name	-	Phone	-
Extension	-	Fax	-
Email	-		

Source: https://www.gogreenbills.com