Ambulatory Surgery Center of Englewood, LLC
25 Rockwood Place Englewood, NJ 07361
Tel: 201-408-4181 Fax: 201-408-2571

BOOKING SHEET

Surgery Date:	Booking Date:
Doctor Name:	Doctor Fax:
Doctor Phone:	MD office E-mail address:
Patient Name:	
Surgery Type:	
Time: :**AM** / PM	Duration:
Type of Anesthesia: General Local IV Sedation Other:_____ MAC	
Special Request: ☐ Transport Requested By Patient	
Ambulatory Surgery Center of Englewood to obtain prior authorization: ☐ **(Please allow 72hrs for all PIP)**	
****Please make sure to include: Initial consult report, last follow up note, all radiology/diagnostic testing reports and referring MD notes**** **This information is required for medical necessity.** **Please note that without this information prior authorization cannot be requested.**	

SIDE	CPT	DX (ICD-9)

PATIENT INFORMATION

DOB: Sex:		SSN#:
NAME:		
ADDRESS:		
Home Ph#:	Cell Ph#:	Emergency contact#:

INSURANCE INFORMATION: **MVA/PIP** ☐ **WMC** ☐ **MAJOR MEDICAL** ☐

Primary Insurance:	Secondary Insurance:
Primary Insurance ID:	Secondary Insurance ID:
Insurance Ph#:	Insurance Ph#:
Authorization#:	**Authorization#:**
Guarantor's Name:	DOB:

Attorney's Name:	**Attorney's phone#:**
Relationship to Insured: ☐ self ☐ wife ☐ husband ☐ child ☐ other _____	
Date of Accident:	

Patient Information

Personal Information

First Name		**Middle Name**	
Last Name		**D.O.B**	
Gender		**Address**	
City		**State**	
Cell Phone #		**Home Phone**	
Work		**Zip**	
Email		**Extn.**	
Attorney		**Case Type**	
Attorney Address		**Attorney Phone**	
Case Status		**SSN**	

Insurance Information

Policy Holder		**Name**	
Address		**City**	
State		**Zip**	
Phone		**Fax**	
Contact Person		**Claim File #**	
Policy #		**WCB Group**	

Accident Information

Accident Date		**Plate Number**	
Report Number		**Address**	
City		**State**	
Hospital Name		**Hospital Address**	
Date of Admission		**Additional Patient**	
Describe Injury		**Patient Type**	

Employer Information

Name		**Address**	
City		**State**	
Zip		**Phone**	
Date of First Treatment		**Chart #**	

Adjuster Information

Name		**Phone**	
Extension		**Fax**	
Email			