New Horizon Surgical Center, LLC

680 Broadway, Suite 201, Paterson, NJ 07514

Patient Booking Form

Main Tel.: (973) 782-4202 Office Fax: (973) 782-4206 Booking E-Fax: (973) 807-9382

Today's Date:	Previous Admission: Yes □ No □		
Patient's Name:	Patient's Date of Birth:		
Patient's Gender: ☐ M ☐ F	Patient's Social Security #:		
☐ Medicare/Medicaid ☐ Private/Commercial ☐ NJ PIP	□ NY NF □ WC □ Legal Funding □ Self-Pay		
** MUST EMAIL OR FAX BACK WITH LEGIBLE COPY OF DEMOGRAPH	IICS SHEET & PATIENT'S INSURANCE CARD: FRONT & BACK **		
NB ALL PRIVATE INSURANCE/WORKERS' COMP/PIP CASES MUST H	HAVE PRIOR AUTHORIZATION FOR APPROVED TREATMENT		
Admitting Diagnosis:			
Proposed Procedure:			
Specific Supplies and/or Equipment:			
Referring Physician:	Referring Clinic: Phone #:		
Admitting Surgeon:	Contact Person at Clinic:		
Proposed Surgery Date: / /	Proposed Time of Surgery:		
Anesthesia Type:	Estimated Surgery Duration:		
Surgeon Requires Assistant:			
Patient Needs Transportation: Yes □ No □			
Note Pick Up Address if Different from Home (Above):			
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:		

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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