

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 <input type="checkbox"/> No <input type="checkbox"/>	
Patient's Name:		Patient's Date of Birth:	
Patient's Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Patient's Social Security #:	
<input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> Private/Commercial <input type="checkbox"/> NJ PIP <input type="checkbox"/> NY NF <input type="checkbox"/> WC <input type="checkbox"/> Legal Funding <input type="checkbox"/> Self-Pay			
** MUST EMAIL OR FAX BACK WITH LEGIBLE COPY OF DEMOGRAPHICS SHEET & PATIENT'S INSURANCE CARD: FRONT & BACK **			
NB ALL PRIVATE INSURANCE/WORKERS' COMP/PIP CASES MUST 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 <input type="checkbox"/> No <input type="checkbox"/>			
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:	