

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:		Previous Admission: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient's Name:		Patient's Social Security #	
Patient's Gender:	M <input type="checkbox"/> F <input type="checkbox"/>	Patient's Date of Birth:	
Patient's Home Address:			
City:		State:	Zip Code:
Home Phone #		Work Phone #	Cell Phone #
Notify In Case of Emergency:		Phone #	Relationship:
Primary Insurance:		Claims Address:	
Insurance Co. Phone #:		Adjuster:	
Policy ID #		Claim #	DOA/DOL:
Secondary Insurance:		Claims Address:	
Insurance Co. Phone #:		Adjuster:	
Policy ID #		Claim #	DOA/DOL:
Attorney's Name:		Attorney's Phone #:	
<u>NB</u> ALL PRIVATE INSURANCE/WORKERS' COMP/PIP CASES MUST HAVE PRIOR AUTHORIZATION FOR APPROVED TREATMENT			
Admitting Diagnosis:			
Proposed Procedure:			
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:		Specific Supplies and/or Equipment:	
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:	