Bergen County Surgery Center

Patient Information

LAST:	FIRST:	M	F	DATE OF BIRTH:
Galarza	Michael	☑	☐	03/24/1963

STREET ADDRESS: 101 Henry Avenue

CITY: Newburgh **ZIP:** 12550

HOME # 973-914-767(**WORK #** **CELL #** 973-914-7676

Surgical Procedure Information

SURGEON: GAMBURG **PROCEDURE:**

PRIMARY PROCEDURE NAME **CPT CODES:**

SURGICAL DIAGNOSIS NAME/ CODE:

Special Requests

EQUIPMENT SUPPLIES

REP

Insurance Information and Attorney Information

			INSURANCE NAME:	CASE CLAIM#	DATE OF INJURY:
IS THIS WORKMAN'S COMP?	☐ YES	☑ NO	Progressive Insur(	253437983(	07/16/2025
IS THIS NO FAULT?	☑ YES	☐ NO			
IS THIS PRIVATE HEALTH INS?	☐ YES	☐ NO			

IS THIS A LIEN ? ☐ YES ☑ NO **ATTORNEY /LAW FIRM NAME:** DVH Law Group **ATTORNEY PHONE #** 813-419-0272

Insurance Pre-Certification Authorization

AUTHORIZATION REQUIRED ☐ YES ☐ NO AUTH # DATE OF AUTH.

Transportation: ☑ YES ☐ NO

NOTES: