

Use this Point of Service Template to help you identify your current customers.

It is important to know if you are servicing Hospital, University, or private doctors to ensure proper use of limited Hospital resources

NYP/University - Medical Center

SERVICE REQUEST FORM - TEMPLATE

The following information is being collected to ensure that x _____ services are being processed and accounted for in accordance with University and Hospital established policies and procedures.

1. Date: _____

2. Requested by:

Name: Brooke Cascella

Dept: Radiology

Email: brc9160@med.cornell.edu

Phone: (646) 962-7016

3. **HOSPITAL** or **UNIVERSITY** or **OTHER DEPARTMENT** (circle one)

4. If **UNIVERSITY** or **OTHER** - PLEASE PROVIDE THE FOLLOWING: University

Account number to charge: 94553200

NYP Blue Bill Account number to charge: 710104

Name: Radiology/WCINYP

Administrator: Danny Cheong

5. If **HOSPITAL** – PLEASE PROVIDE THE FOLLOWING:

NYP Departmental account number to charge: _____

NYP Department name: _____