



## Hudson Yards Surgery Center Booking Sheet

450 West 31<sup>st</sup> Street New York, NY 10001

Phone: (646)930-2700 Fax: (646)609-1350

Please fax with a copy of insurance card

<b>Surgeon:</b>	<b>Procedure Date:</b>	<b>Procedure Request Time:</b>
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Today's Date:	Scheduler/ Contact:	Scheduler Phone Number:
Legal Name:	First Name	DOB:
Home Phone:	Cell Phone:	Email:
Street Address:	City/ State/ Zip:	
SSN:	Gender:	
PCP Name:	PCP Phone:	

Interpreter ☐ No ☐ Yes If yes, what language: \_\_\_\_\_

Race: ☐ White ☐ Black/ African American ☐ Spanish/ Hispanic/ Latino ☐ American Indian/ Alaska Native ☐ Asian

☐ Native Hawaiian/ Pacific Islander ☐ Multiracial ☐ Other: \_\_\_\_\_

Special Needs: ☐ Wheelchair ☐ Nursing Home Patient ☐ Power of Attorney ☐ Healthcare Proxy

### INSURANCE INFORMATION

#### PRIMARY INSURANCE INFORMATION:

Plan: \_\_\_\_\_

Insured ID No.: \_\_\_\_\_

Group No.: \_\_\_\_\_

Referral / Pre-Cert No. (if applicable): \_\_\_\_\_

#### SECONDARY INSURANCE INFORMATION:

Plan: \_\_\_\_\_

Insured ID No.: \_\_\_\_\_

Group No.: \_\_\_\_\_

Referral / Pre-Cert No. (if applicable): \_\_\_\_\_

### PROCEDURE INFORMATION

Assistant Surgeon: \_\_\_\_\_

Admission Type: AMB Anesthesia Type: \_\_\_\_\_ Length of Procedure: \_\_\_\_\_

Laterality: ☐ Right ☐ Left

Procedure	CPT		
	CPT		
	CPT		

Diagnosis(es)	ICD10		
	ICD10		
	ICD10		
	ICD10		

Allergies: \_\_\_\_\_

Len Size: \_\_\_\_\_ Model: \_\_\_\_\_ Brand: \_\_\_\_\_

☐ Latex Allergy ☐ Has Pacemaker/ Defibrillator ☐ Diabetic ☐ Pregnant

Special Equipment/ Supplies/ Implants: \_\_\_\_\_

Surgeon Signature: \_\_\_\_\_ Surgeon Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_