



Pain Management Booking Form

Gramercy Surgery Center, Inc
 (212) 254-3570 Fax: (866) 46; -5146

Surgeon:		Asst. Surgeon:		Location: <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens	
Date Requested:	Start Time:	OR Duration:	Anesthesia Type:		

Patient Information

Last Name:		First Name:	
Street Address:		City/State/Zip:	
DOB:		Home Phone:	
Cellular Phone:		Work Phone:	
SSN:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
PCP Name:		PCP Phone:	
Email:			

Insurance Information

Primary Insurance	Policy Number	Subscriber	DOB
Insurance Phone	Authorization		
Secondary Insurance	Policy Number	Subscriber	DOB
Carrier	Carrier Case #/Claim#	DOA	Adjuster
Adjuster Phone#	Nature of Injury		

Primary Procedure Name: Please check all procedures being performed

Intermediate Joint Injection (Wrist, Elbow, Ankle) – 20605	L	R	B	Major Joint Injection (Shoulder, Hip, Knee Joint) – 20610	L	R	B
Cervical Epidural – 62321	L	R	B	Lumbar (Caudal) Epidural – 62322	L	R	B
Spinal Cord Stimulator TRIAL – 63650 Vendor: Boston Scientific /Medtronic /Other (circle one)	L	R	B	Intercostal Nerve Block (Single Level) – 64420	L	R	B
Intercostal Nerve Block (Multiple Levels) – 64421	L	R	B	Peripheral Nerve Block Injection – 64450	L	R	B
C/T Transforaminal Epidural (Single Level) – 64479	L	R	B	C/T Transforaminal Epidural (Addt'l Level) – 64480	L	R	B
L/S Transforaminal Epidural (Single Level) – 64483	L	R	B	L/S Transforaminal Epidural (Addt'l Level) – 64484	L	R	B
C/T Medial Branch Block (Single Level) – 64490	L	R	B	C/T Medial Branch Block (Second Level) – 64491	L	R	B
C/T Medial Branch Block (Third/Addt'l Levels) – 64492	L	R	B	L/S Medial Branch Block (Single Level) – 64493	L	R	B
L/S Medial Branch Block (Second Level) – 64494	L	R	B	L/S Medial Branch Block (Third/Addt'l Level) – 64495	L	R	B
C/T Facet Joint Injection (Single Joint) – 64633	L	R	B	C/T Facet Joint Injection (Addt'l Joint) – 64634	L	R	B
Facet Joint Injection (Single Joint) – 64635	L	R	B	L/S Facet Joint Injection (Addt'l Joint) – 64636	L	R	B
Radiofrequency Ablation – 64640	L	R	B	Sacroiliac Joint Injection – G0260	L	R	B
Radiofrequency Ablation with Simplicity – 64640	L	R	B				

Other Procedures: _____ CPT Codes: _____

Levels of Injection: _____ Diagnosis (ICD-10): _____

C-Arm: Y N Antibiotics to be administered in Pre-Op: Y N

Other Supplies/Equipment: _____

Rep. Requested	Name of Rep:
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Please fax a copy of the front and back of the patient's insurance card.

Person completing form _____ Phone: _____ Date: _____