



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