

The Brooklyn Center for Advanced Laparoscopy
New York Methodist Hospital
506 6th Street, Brooklyn, New York 11215
Phone 718 780 3288

Piotr J. Gorecki, M.D.
Chief of Advanced Laparoscopy

DATE: _____ HOME TELEPHONE: _____

PATIENT: _____
LAST NAME FIRST NAME MIDDLE INITIALS

STREET ADDRESS: _____
STATE: _____ ZIP CODE: _____

CITY: _____

SEX: M F AGE: _____ BIRTH DATE: _____ SINGLE: M W D

PATIENT EMPLOYED BY: _____

BUSINESS ADDRESS: _____

OCCUPATION: _____ BUSINESS PHONE: _____

SOCIAL SECURITY# _____

DO YOU HAVE MEDICAL INSURANCE: YES _____ NO _____

WHO IS RESPONSIBLE FOR THIS ACCOUNT?: _____
SOCIAL SECURITY# _____

RELATIONSHIP TO PATIENT: _____

NAME OF PRIMARY INSURANCE: _____
GROUP# _____ OTHER: _____

ID# _____

NAME OF SECONDARY INSURANCE: _____
GROUP# _____ OTHER: _____

ID# _____

IF YOU DO NOT HAVE INSURANCE PLEASE INDICATE HOW YOU WILL PAY FOR YOUR MEDICAL SERVICES:

1. PAY BALANCE IN FULL AT TIME OF VISIT
 2. MAKE PAYMENT ARRANGEMENTS PRIOR TO SERVICE

IN CASE OF ANY EMERGENCY, WHO SHOULD BE NOTIFIED?: _____

RELATIONSHIP TO PATIENT: _____ TELEPHONE: _____

ADDRESS: _____
TELEPHONE: _____

PHARMACY NAME: _____

HOW DID YOU LEARN OF YOUR PRACTICE: _____

PREFERRING PHYSICIAN'S NAME: _____
TELEPHONE: _____

ADDRESS: _____