



Lattimore Community Surgicenter
125 Lattimore Road
Rochester, New York 14620
Phone (585) 473-9000
Fax (585) 473-9018

IF YOUR SURGERY IS RELATED TO AN INJURY, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name: _____

Date of Surgery: _____

Surgeon: _____

Date of Injury: _____

Please describe how and where the injury occurred:

Thank you for completing this form. The supplied information is required for NYS SPARCS tracking.



Lattimore Community Surgicenter
125 Lattimore Road
Rochester, New York 14620
Phone (585) 473-9000

**PATIENT PRE-REGISTRATION
 INFORMATION**

Medical Record #: _____
Date of Surgery: _____

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS

PERSONAL INFORMATION	
Patient's Name (Last, First, MI):	Date of Birth:
Is this your first appointment at Lattimore Community Surgicenter? Yes / No	Sex: Male / Female
Patient Address:	
Home Phone:	Work Phone: Cell Phone:
Social Security #:	Marital Status: Race:
Emergency contact name and telephone number:	
Relationship to patient:	Address:
PRIMARY INSURANCE, WORKERS COMPENSATION or MOTOR VEHICLE ACCIDENT	
<input type="checkbox"/> BC/BS <input type="checkbox"/> Blue Choice <input type="checkbox"/> Preferred Care Other <input type="checkbox"/> Commercial <input type="checkbox"/> Workers Comp <input type="checkbox"/> Motor Vehicle	
Insurance Address and Telephone number:	
Subscriber ID Number:	Name of Subscriber:
Relationship to subscriber:	Subscribers Date of Birth:
Address of subscriber:	
Subscribers Employer Name, Address and Phone #:	
SECONDARY INSURANCE	
Secondary Insurance Carrier:	
Insurance Address and Telephone number:	
Subscriber ID Number:	Name of Subscriber:
Relationship to subscriber:	Subscribers Date of Birth:
Address of subscriber:	
Subscribers Employer Name, Address and Phone #:	
RESPONSIBLE PARTY	
Responsible Party Name (First, Last MI):	Relationship:
Address:	
Employer's Name and Address:	

Please contact the Billing Office between 7:30 AM - 4:30 PM at (585) 473-9000 ext. 218 or 228 if you have any questions regarding insurance or payment information.