

FIND MY COST WORKSHEET

LRGHHealthcare
care. compassion. community.

Phone 603-527-7170
Fax 603-527-2931
lrgh.org

If you are requesting a price quote, please complete the information below, and have it ready when you call us at (603) 527-7170. Or to speed up the process, you may fax the form to (603) 527-2931.

Please allow 3-4 business days for processing of requests.

Patient's Full Name

(Mr. Ms. Mrs. Miss) First Name Middle Initial Last Name Date of Birth

Mailing Address City State Zip Code

Daytime Phone Number Cell Number

Is it okay to leave a message? Yes No

Name of provider ordering your procedure or surgery

Name of procedure or surgery

Reason for procedure or surgery

Date of procedure or surgery (if scheduled)

Location of procedure or surgery LRGH Hillside Surgical Center Other

Please provide the **CPT CODE*** of the scheduled procedure or surgery

Please provide your diagnosis

Do you have insurance? Yes No

If Yes, please provide the following:

Insurance Carrier Group Number ID Number

Card Holder Name Further Information

***CPT Code** stands for Current Procedural Terminology. It is a universal coding system for every task and service a medical provider may provide to a patient. This includes medical, surgical and diagnostic services. CPT codes are developed and maintained by the AMA (American Medical Association).

In order to provide you with an accurate quote, we need the EXACT CPT Code of your procedure or surgery that your provider has ordered. The CPT Code allows us to provide you with the most accurate pricing. Your provider can provide you with the CPT Code at the time of scheduling your procedure or surgery.

