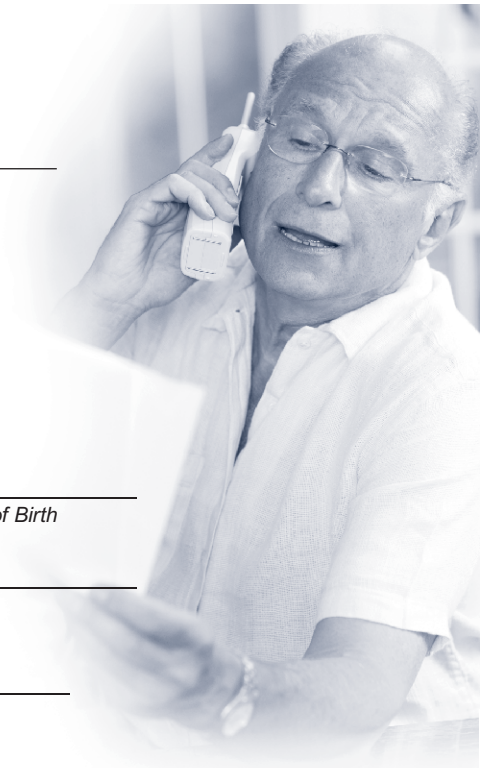


LRGHealthcare
care. compassion. community.

Phone 603-527-7170
 Fax 603-527-2974
 lrg.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) 527-2974.

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.