



**If you are requesting a price quote, please complete the information below and 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  CH Laconia  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.