

Swiss Avenue Surgicenter

PATIENT

ROBERT PLOCK

DATE

05/29/13

ACCOUNT#

0101011

PATIENT INFORMATION

SOCIAL SECURITY #	DATE OF BIRTH	AGE	SEX	MARITAL STATUS	RACE	RELIGION
456-53-3292	07/26/1968	44Y	M			
STREET ADDRESS (CITY, STATE, ZIP CODE)					EMAIL	HOME PHONE
6827 LATTA PARKWAY DALLAS, TX 75227						214-799-7775
CELL PHONE	WORK PHONE	EMERGENCY CONTACT			RELATIONSHIP TO PATIENT	PHONE NUMBER
		CLARENCE ABNER			PARTNER	214-799-7775

GUARANTOR		PATIENT EMPLOYER	
NAME	SOCIAL SECURITY #	NAME	
PLOCK, ROBERT	456-53-3292		214-799-7774
STREET ADDRESS		STREET ADDRESS	
6827 LATTA PARKWAY			
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DALLAS, TX 75227		01-Self	
HOME PHONE	WORK PHONE	CELL PHONE	PHONE
214-799-7775			

PRIMARY INSURANCE			
INSURER		POLICY #	AUTHORIZATION #
UMR		13280912	
ADDRESS	SUBSCRIBER	DATE OF BIRTH	RELATIONSHIP TO PATIENT
PO BOX 30541	ROBERT PLOCK	07/26/1968	18-Self
CITY, STATE, ZIP CODE	SUBSCRIBER PHONE NUMBER		W/C <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>
SALT LAKE CITY, UT 84130	214-799-7775		
PHONE NUMBER	GROUP #	GROUP NAME	DATE OF ACCIDENT
	76-410892		

SECONDARY INSURANCE			
INSURER		POLICY #	AUTHORIZATION #
ADDRESS	SUBSCRIBER	DATE OF BIRTH	RELATIONSHIP TO PATIENT
CITY, STATE, ZIP CODE	SUBSCRIBER PHONE NUMBER		W/C <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>
PHONE NUMBER	GROUP #	GROUP NAME	DATE OF ACCIDENT

OTHER INSURANCE			
INSURER		POLICY #	AUTHORIZATION #
ADDRESS	SUBSCRIBER	DATE OF BIRTH	RELATIONSHIP TO PATIENT
CITY, STATE, ZIP CODE	SUBSCRIBER PHONE NUMBER		W/C <input type="checkbox"/> Auto <input type="checkbox"/> Other <input type="checkbox"/>
PHONE NUMBER	GROUP #	GROUP NAME	DATE OF ACCIDENT

PROCEDURE			
SURGEON		PHONE NUMBER	ASSISTANT
TIBOR RACZ			
ANESTHESIOLOGIST		PHONE NUMBER	ANESTHESIA TYPE
			MAC
PRIMARY PROCEDURE		SECOND PROCEDURE	
64483 Transforaminal Lumbar Epidural Steroid Injection - L5-S1			
PRIMARY DIAGNOSIS		OTHER DIAGNOSIS	
724.4 LUMBOSACRAL NEURITIS			

PATIENT SIGNATURE:

Robert Plock

DATE:

05/29/2013

Sister - Kimberly Schlachter Admit/Form Box Cell 972 523 4986