

a **Rezolut** partner

The Hill Medical Center

1000 E. Genesee St., Ste 100 Syracuse, NY 13210 Phone: (315) 472-8835 Fax: (315) 476-3712

Clay Medical Center

8100 Oswego Rd., Ste 120 Liverpool, NY 13090 Phone: (315) 652-1020 Fax: (315) 652-4578

Brittonfield

4939 Brittonfield Pkwy. East Syracuse, NY 13057 Phone: (315) 634-6690 Fax: (315) 634-6691

PA	TIENT INFORMATION		
Last Name	First Name	MI	□ Male □ Female
Address	City	State	Zip
Date of Birth / /	SSN	Preferred La	nguage
Home Phone	Cell Phone		
Employer	Work Phone	Ext.	
Address	City	State	Zip
Emergency Contact	Relationship	Phone	

RESPONSIBLE PARTY INFORMATION						
Last Name	First Name		Relationship			
City	State	Zip				
Home Phone	Cell Phone	Da	ate of Birth / /			
INSURANCE INFORMATION						
Primary Insurance Name	Address					
City	State	Zip	Phone			
Policy Holder	Date of Birth	1 1	SSN			
Full Address (if different than patient)						
Policy#	Group #	Relationship	Relationship to Patient			
Secondary Insurance Name	Address					
City	State	Zip	Phone			
Policy Holder	Date of Birth	1 1	SSN			
Full Address (if different than patient)						
Policy#	Group #	Relationship	Relationship to Patient			
On the Job Injury? □Yes □No	Date of Injury	1 1	Initial			
Motor Vehicle Accident? □Yes □No	Date of Injury	1 1	Initial			
Adjuster/Attorney		Phone				
				REV 1/2023		