



The International Services Department at The Mount Sinai Medical Center in New York City would like to begin by thanking you for considering our institution for your healthcare needs. Our department will serve as your single point of contact and is available to personally assist you with any questions or needs you may have. We are currently in the process of completing the estimate for your medical treatment.

Please print and fill out the attached consent form so that we may correspond with you via email.

We require the following demographic information in order to complete and send you an official estimate of charges:

Patient's Full Name:

Home Address:

Telephone Number:

Email Address:

Date of Birth:

Gender:

Passport ID#

Also a copy of the passport should be faxed to 212-241-3694 Attention: Connie Ramirez

Medical and Surgical History:

Family History:

Social History:

Chief Complaint:

Contact Person:

Contact telephone number:

Contact email address:

How did you discover The Mount Sinai Hospital?

For example: Patient or Physician Referral, Search Engine, Advertisement, etc.

Thank you,

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New York, NY 10029

Telephone: 212-241-1100

Fax: 212-241-3694

Department Staff:

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