

meridian park radiation oncology center

Date _____ Diag. _____ Dr. _____ Acct# _____

Referred by _____ Phone _____ Other Dr. _____ Phone _____

Patient Information

Name _____
Last First Middle

Address _____
Street City State Zip

Phone No.: Home _____ Cell: _____ Work: _____

Sex _____ Date of Birth _____ Age _____ Social Security No. _____ Marital Status _____

Employer's Name _____ Occupation _____

Employer's Address _____
Street City State Zip

ADVANCED DIRECTIVES? YES NO WHERE FILED? _____

Spouse Information

Spouse's Name _____
Last First Middle

Spouse's Employer _____ Occupation _____

Spouse's Employer Address _____
Street City State Zip

Spouse's Date of Birth _____ Spouse Social Security # _____

Additional Contact

Nearest Friend or Relative Not Living with You. (Someone other than Spouse)

Name _____ Relationship _____ Phone _____

How did you hear about us? (check all that apply)

Newspaper Magazine Tv Friend Other _____

Referred by another Doctor Billboard

Insurance Information

Prior Authorization Needed: Yes No Co Pay: Yes No \$ _____

Policy Holder Info: Patient Spouse Employer Other _____

Primary Ins: _____ I.D. No. _____

Address _____ Policy or Group No. _____

Policy Holder Info: Patient Spouse Employer Other _____

Secondary Ins. _____ I.D. No. _____

Address _____ Policy or Group No. _____

ASSIGNMENT OF INSURANCE BENEFITS

I hereby agree to full responsibility for all expenses incurred by or on account of this patient, and hereby assign to Meridian Park Radiation Oncology Center any and all insurance benefits due to me to the full extent of my financial obligation to said clinic.

Signed _____ Date _____
Insured or Authorized Person

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Meridian Park Radiation Oncology Center to release to my insurance co. any acquired in the course of my examination or treatment.

Signed _____ Date _____
Patient (Parent or Guardian if Minor)

A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL