

**PATIENT INFORMATION FOR MEDICAL RECORDS**  
(PLEASE PRINT)

<b>HOME PH.</b> (      )		<b>CELL PH.</b> (      )		<b>WORK PH.</b> (      )	
<b>PATIENT</b>	MR. MRS. MISS/MS.	FIRST	MIDDLE	LAST	
PATIENT'S ADDRESS:		STREET	CITY	STATE	ZIP
		P.O. BOX	CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER		AGE:	DRIVER'S LIC. NUMBER	
PATIENT'S EMPLOYER:				OCCUPATION	EMPLOYER PHONE #
SPOUSE'S NAME:	LAST	FIRST	MIDDLE	PHONE #	
SPOUSE'S EMPLOYER:			PHONE #		
EMERGENCY CONTACT (Individual Not Living in Your Household)		NAME	PHONE		
		ADDRESS	CITY	STATE	ZIP

**↓ IF SOMEONE OTHER THAN THE PATIENT IS RESPONSIBLE FOR PAYMENT, PLEASE COMPLETE THIS SECTION**

<b>RESPONSIBLE PARTY</b>	MR. MRS. MISS/MS.	PHONE			
ADDRESS	STREET	CITY	STATE	ZIP	
SPOUSE OR GUARDIAN:					

**MEDICAL INSURANCE INFORMATION**

<b>PRIMARY INSURANCE</b>	
NAME OF INSURED: _____	RELATIONSHIP TO PATIENT: _____
SUBSCRIBER NO. _____	GROUP NO. _____
<b>SECONDARY</b>	
NAME OF INSURED: _____	RELATIONSHIP TO PATIENT: _____
SUBSCRIBER NO. _____	GROUP NO. _____

PLEASE REMEMBER THAT INSURANCE IS CONSIDERED A METHOD OF REIMBURSING THE PATIENT FOR FEES PAID TO THE DOCTOR AND IS NOT A SUBSTITUTE FOR PAYMENT. SOME COMPANIES PAY FIXED ALLOWANCES FOR CERTAIN PROCEDURES AND OTHERS PAY A PERCENTAGE OF THE CHARGE. IT IS YOUR RESPONSIBILITY TO PAY ANY DEDUCTIBLE AMOUNT, CO-INSURANCE, OR ANY OTHER BALANCE NOT PAID FOR BY YOUR INSURANCE.

**PLEASE READ AND SIGN THE FOLLOWING:**

I DIRECTLY ASSIGN ALL MEDICAL/SURGICAL BENEFITS TO HEMATOLOGY ONCOLOGY LIFE CENTER, LLC AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY INSURANCE. IN THE EVENT COLLECTION ACTION BECOMES NECESSARY, I AGREE TO PAY REASONABLE COLLECTION COSTS OF THE UNPAID BALANCE SHOULD MY ACCOUNT BE FORWARDED FOR COLLECTIONS. I HEREBY AUTHORIZE THE PHYSICIAN TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT OF BENEFITS. I FURTHER AGREE THAT A PHOTOCOPY OF THIS AGREEMENT SHALL BE AS VALID AS THE ORIGINAL.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I RECEIVED A COPY OF HOLC'S PRIVACY PRACTICES. \_\_\_\_\_