

Welcome To Our Office
LITTLETON RADIATION ONCOLOGY

Patient Number _____ **Appointment Date** _____

THERE WILL BE A \$25 CHARGE FOR MISSED APPOINTMENTS WITHOUT 24 HOUR NOTICE

Please print *and* complete all parts

Patient Name (This section refers to PATIENT ONLY)

Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____ **Date of Birth** _____

Age _____ **Sex** _____ **Social Security** _____ **Employer** _____ **Occupation** _____

Spouse _____ **Employer** _____ **Work Phone** _____

Responsible Party: (Person who should receive the bill)

Name _____ **Home Phone** _____ **Work Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Primary Care Dr. _____ **Phone** _____ **Referring Dr.** _____ **Phone** _____

INSURANCE: (Please complete thoroughly. We will need a copy of your insurance card)

Primary Insurance _____

Secondary Insurance _____

Address _____

Address _____

City _____ **State** _____ **ZIP** _____

City _____ **State** _____ **ZIP** _____

Phone _____

Phone _____

Primary Insured Person _____

Primary Insured Person _____

Policy ID # _____ **Suffix** _____

Policy ID # _____ **Suffix** _____

Group # _____

Group # _____

Employer _____

Employer _____

Co-Payment \$ _____

Co-Payment \$ _____

NOTIFY IN CASE OF EMERGENCY (Not living with you)

Name _____ **Home Phone** _____ **Work Phone** _____

I authorize payment of medical benefits to physician or supplier for these services and all future claims as well as the release of any medical information necessary to process this claim and all future claims.

I further understand that if my insurance carrier requires a referral for this or any subsequent office visit, and I have failed to obtain such referral, that I will be solely responsible for any charges incurred.

My signature acknowledges my consent allowing my medical records be sent to any physician administering my care.

Signature (Patient or authorized representative)

Date