Associated Medical Specialists, PA, d/b/a Coastal Cancer Center
Patient Annual Update

Last _____ First _____ DOB: _____ Chart # _____

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First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ +4 _____ Marital Status: _____

DOB: _____ Sex: _____ SSN: _____

Phone 1: ( ) _____ Phone 2: ( ) _____

Employment Status: _____ Occupation: _____

Employer: _____ Email: _____

Primary Insurance: _____ Carrier Phone: _____

Policy/ID #: _____ Group #: _____

Relationship to Primary Insured: ☐ Self ☐ Other

Secondary Insurance: _____ Carrier Phone: _____

Policy/ID #: _____ Group #: _____

Relationship to Primary Insured: ☐ Self ☐ Other

MEDICARE PATIENTS

Medicare policies have a coinsurance and deductible. If Patient does not have supplemental coverage that covers coinsurance and deductible, or if Patient has signed an Advance Beneficiary Notice, Patient agrees to be personally and fully responsible for payment. Patient requests that payment of authorized Medicare benefits be paid to CCC for services furnished. Patient authorizes CCC to release to the Centers for Medicare and Medicaid services or its agents, any information needed to determine these benefits or the benefits payable for related services.

_____ _____

Patient Signature Date

_____ _____

CCC Witness Date

☐ Medicare patients: update the 1st and 3rd date fields on Additional tab in Centricity

initials _____

☐ update demographics in Registration Overlay initials _____ scan in RO 1/21/2019