## Carolina BioOncology Institute, PLLC **PATIENT INFORMATION**

Please answer all questions. Answers are also used in participating with Federal compliance initiatives.

Date Name		
Preferred Name	st Middle/Maiden Firs Preferred Language	
Address		
Street	County	
City State	Zip Code Country	
DOB//SS #Email		
Home Phone Cell Ph	one Work Phone	
CIRCLE ANSWER: Male / Female Marit	l Status: Married / Separated / Divorced / Single / Life	Partner / Widowed
Race: African American / American Indian / Cau (other):	asian / East Indian / Hispanic / Asian / Pacific Islander,	/
Ethnicity: Caucasian / African Am / Chinese / Hi	panic / Indian / Japanese / Korean / Arab / Irish / (othe	er):
Employed / Unemployed / Retired (as of year) / Disabled (as of year)		
EmployerOccupation		
Primary Care Physician Phone		
How did you hear about us? Physician Referral / (other):	Hospital / Web Site / Yellow Pages / Multidisciplinary C	linic / Patient / Radio
Are you in a Skilled Nursing Facility? Yes / No If yes, name & number of facility:		
Emergency Contact Name Relationship Phone		
How may we contact you? (circle all that apply) email / home phone / work phone / cell phone		
Preferred Pharmacy	Location Phone	
INSURANCE INFORMATION—Please give receptionist ALL medical insurance cards that you are covered under.		
Primary Insurance	Secondary Insurance	
Policy Holder Name If other than part	Policy Holder Name If other than	patient
Relationship to Patient Date of Birth of Policy Holder SS# of Policy Holder	Date of Birth of Policy Holder	
insurance carrier(s), Medicare, attorneys, or agent my care. I hereby assign payment directly to Carc	PLLC, to release information acquired in the course of my ies involved in the payment of my account as well as any pina BioOncology Institute, PLLC, for medical expenses renousible for all charges incurred whether or not paid by in in writing, by myself.	ohysicians assisting in dered to myself or my
Patient Signature	Date	
Name & Relationship (if other than patient) Please provide documentation to support Power	of Attorney, Healthcare Representative, etc. Rev. 6,	