

Southlake Oncology

1545 E. Southlake Blvd., Suite 280

Southlake, TX 76092

817-416-0202

Fax: 817-749-0369

Las Colinas Cancer Center

7415 Las Colinas Blvd., Suite 100

Irving, TX 75063

214-379-2700

Fax: 214-379-2750

James D. Mackey, M.D.**Kiran Kancharla, M.D.**

Patient Information	Guarantor Information
Name: Last, First, Middle	Name: Last, First, Middle
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Social Security	Social Security
Male _____ Female _____	Relationship to Patient:
Birthdate	Birthdate
Marital Status: (Circle One)	
S M W Sep. Div.	
Race:	
Employer Name, Address, Telephone	Employer Name, Address, Telephone

Insurance Information

Insurance Company Name(s)

Primary: _____

Secondary: _____

In case of an emergency, please notify:	Name / Relationship	Telephone #

Payment for Services: The undersigned understands that he/she is responsible for payment at the time of service unless prior arrangements have been made. Contracts between the Provider and Insurance Carriers will be explained if they apply. We accept assignment for Medicare claims.

Release of Information and Assignment of Benefits: The undersigned authorizes the release of information to any insurance carrier, billing intermediary, government agency including Medicare, patient or employer for the purpose of obtaining payment. The undersigned authorizes payment to Provider of any insurance benefits otherwise payable to the patient.

Signature of Patient/Guarantor: _____ Date: _____