



Insurance Information

NOTIFICATION OF ADMITTANCE INTO AN IN-PATIENT FACILITY

In order to properly file your insurance claims, NHO Radiation Oncology must be notified in the event that the patient on treatment is admitted to an **in-patient facility** (i.e. hospital, skilled nursing, acute care or long term care facility).

I understand that if I fail to notify NHO Radiation Oncology of my admittance (within 24 hours) to an in-patient facility for care that I will assume responsibility for all charges incurred at NHO Radiation Oncology during the time of my stay at the in-patient facility.

Patient Name (Printed)

Patient Signature

Date

NOTIFICATION OF PERMISSION TO SUBMIT CLAIMS

I hereby authorize my insurance benefits to be paid directly to the physician, realizing I am responsible to pay non-covered services. I hereby authorize the release of pertinent information to insurance carriers.

PATIENT SIGNATURE: _____

PERSONAL REPRESENTATIVE SIGNATURE: _____

(if patient is unable to sign)

NO INSURANCE SIGN HERE: _____