

Add Insurance Form (Formerly County/Misc. Code Form)

Use this form to have payer information added to the CHAS database

Please fax Completed report to: 513-636-5254

Requested by:			Practice Name:	
Date:			Practice Fax #	
Pages including cover page:				
Insurance Name:				

Address 1:	
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Address 2:	
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City, State, Zip	
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Phone with area code		()	
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Patient Account / Encounter #		D.O.S.	
County / Misc.:			
Notes:			

