



**SAMPLE**

**Memorial Healthcare System**  
Hollywood, Florida

**USE THE FOLLOWING SECTIONS TO CORRECT ANY INFORMATION AND FAX TO (954) 276 - 2803**

<b>Provider</b>	<b>Company Name</b>	<b>Telephone Number</b>
Anesthesiologist	Sheridan Healthcare	954-838-2371
Emergency Dept Physician	Inphynet/TeamHealth	1-888-952-6772
Pathologist	Pathology Consultants	866-312-4775
Radiologist	Radiology Associates	954-437-4800

**Insurance Information**

**This Insurance Plan is an HMO PPO AUTO OTHER**

Insurance Company Name	Policy Holder/Insured Name
Billing Address	Relationship to Patient
City/State/Zip Code	Insurance Company Telephone Number
Policy/Subscriber ID#	Referral/Authorization Number
Group Number	Patient's Primary Care Physician

**Other Insurance Information**

**This Insurance Plan is an HMO PPO AUTO OTHER**

Insurance Company Name	Policy Holder/Insured Name
Billing Address	Relationship to Patient
City/State/Zip Code	Insurance Company Telephone Number
Policy/Subscriber ID#	Referral/Authorization Number
Group Number	Patient's Primary Care Physician





**Auto Accident Claim Information**

Auto Insurance Company	PIP Claim #	Accident Date	Accident Location
Adjuster's Name	Adjuster's Telephone Number	Attorney Name	Attorney Telephone Number

**Address Change/Correction**

Address
City/State/Zip Code
Home Telephone Number
Work Telephone Number

To pay by credit card, complete the following:

MasterCard   Visa   Discover   American Express 

Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_



OR

To make your payment online, please visit our website:  
[www.mhs.net](http://www.mhs.net) and click on **ONLINE BILL PAY**.