HCN: NEW MEMBER	THE SIDNEY HILLI 750 EAST A	RMATION MAN HEALTH O AVENUE, ROCHE 2000 TOLL FREE	ENTER OF ROCHES STER, NY 14607	APPROVAL CARDS CHECKED
UPDATE PERS	ONAL INFORMATION		UPDATE DOCTOR(S)	
1. Member Data: Mr N	Mrs Ms			
Member:			Employer:	
Address1:			Employee ID:	
Address2:			DOB:	
City-State:			Phone:	
Email:				
(UN/	ABLE TO PROCES	S WITHOUT C	OPY OF INSURANC	CE CARDS.)
2. Member Medicare Num (If Applicable)	ber			
3. Primary Health Insuran	ce Plan			
Primary Health Insuran				
Primary Insurance Polic	cy Holder Name			
4. Sidney Hillman Particip	ating Primary Care Phys	ician		
5. Sidney Hillman Particip	ating Eye Doctor			
6. If you are a spouse list	member's name			
Member's Employer		(	Check here if retired	]
7. Please list all depender Pharmacy and Optic		overed under you	or your spouse's Primary	/ Health Insurance Plan
HEALTH CENTER OF ROCHES PHYSICIANS TO GIVE ANY INF AS FOLLOWS; PLEASE NOTE: INFO UNION OR TO AN EM	YSICIAN, HOSPITAL OR CL TER AND I FURTHER AUTH ORMATION REGARDING M ORMATION PERTAINING TO MPLOYER EXCEPT TO ASSI NTER AND WILL BE AVAILA	INIC TO GIVE ALL IN ORIZE THE SIDNEY I Y HEALTH TO ANY P A MEMBERS HEALT ST IN SCHEDULING (	HILLMAN HEALTH CENTER ( RIVATE PHYSICIAN I MAY H H IS NOT AVAILABLE TO ME DR BILLING ISSUES. IT IS HI	Y HEALTH TO THE SIDNEY HILLMAN DF ROCHESTER AND ITS COOPERATING AVE, UNLESS OTHERWISE RESTRICTED MBERS OR OFFICIALS OF THE ELD IN STRICTEST CONFIDENCE SION IN ACCORDANCE WITH
	EDULED APPOINTMENT, I S			E AND CORRECT. I AGREE THAT, IN THE TH CENTER ANY EXPENSES INCURRED

SIGNATURE\_\_\_\_\_

DATE\_\_\_\_\_

MEMBER'S SIGNATURE (if patient is not the member)

