



**SERIOUS MEDICINE. EXTRAORDINARY CARE.®**

### **Request for Correction/Amendment of Medical/Billing Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date of entry to be amended: \_\_\_\_\_

Type of entry to be amended: \_\_\_\_\_

Please explain how the entry may be incorrect or incomplete. What should the entry say to be more accurate and complete?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted, would you like this amendment sent to anyone to whom the protected health information may have been disclosed to in the past? If so, please specify the name and address of the organization or individual

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date