CHANGE REQUEST TO SERIES

Date:_____ Request from:_____

☐ Insurance for encounter # _____ is entered in HLAB as unknown (21401). Please add the following insurance information to series
    ☐ Insurance Co_____
    Address_____
    City, State, Zip_____
    Phone#_____
    Subscriber_____
    Subscriber DOB_____
    ☐ See Attached Copy of Card + Subscriber DOB

☐ Insurance for encounter # _____ needs additional information (military)
    Branch_____Rank_____
    ☐Retired   ☐Active

☐ Midlands Choice Insurance Required Information
    Policy Holder Employer_____
    Group #_____

☐ Patient is a Minor, please add the guarantor/responsible party
    Guarantor_____
    Address (if different)_____
    City, State, Zip_____
    Relationship_____

☐ Patient is Self-Pay, change financial class to 8

☐ Change patients DOB and or Gender
    ☐ DOB change to:_____
    ☐ Gender change to: ☐ Male   ☐ Female
☐ Other Request: