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## FIRST VISIT CHECK LIST

The list provided below includes all necessary documents to be completed prior to your first visit. Please complete and sign where applicable before your scheduled appointment time.

| New Patient Registration Form  |
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| New Patient Health History   |
| Consent to Release Protected Health Information  |
| Notice of Privacy Practices  |
| My Care Plus – Patient Portal  |
| COA Patient Assistance Consent   |
| Current Insurance Card(s) to include Pharmacy Benefit - Co-pays are due at the time of service |
| Driver License or other Photo ID   |
| Current Medication List or Medication Bottles  |
| CD and/or report of past radiology scans/tests (if available)                                  |

Thank you for choosing Columbus Oncology Associates, Inc. as your healthcare provider. Our physicians, nurses, and staff are dedicated to providing you with the highest quality of care.