



**Columbus Oncology  
& Hematology**  
*Serving Ohio Since 1987*

810 Jasonway Ave.  
Columbus, Ohio 43214-4359  
Phone: (614) 442-3130  
Fax: (614) 442-3145

## **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

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.