

REQUEST FOR AMENDMENT TO MEDICAL RECORD FORM:

Nephrology Associates of Syracuse, PC
1304 Buckley Road, Syracuse, NY 13212
Phone: (315) 478-3311 Fax: (315) 476-5211
Anne E. Zaccheo, Corporate Compliance Officer

Please complete all sections of this form:

Patient's Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: _____ **Phone:** _____

Patient's Address: _____

City: _____ **State:** _____ **Zip:** _____

Explain how the documentation is incorrect or incomplete. Please write exactly what you think the entry should state to be accurate and complete:

Date of Service:

If your request is accepted and the appropriate amendment is made, a copy of the amended information will be sent to anyone who has previously received this information. If there is anyone else you would like to receive this amendment, please write the name(s) and address(es) of the organization(s) or person(s):

Name: _____

Address: _____

Name: _____

Address: _____

Approved by: _____ **Date:** _____

Denied by: _____ **Date:** _____

Reason:

PHI modified by:

Date:

Revised 12/31/13