

REQUEST TO ADD PATIENTS TO CMIS DUE TO POSSIBLE DUPLICATES

Last Name:

First name:

Middle Name:

DOB:

SSN:

Race:

Complete Address:

Phone Number:

County of residence:

Requested By:

Date:

Assigned Case Manager:

Paste possible duplicates here:

COMPLETE FORM ELECTRONICALLY AND SEND AS AN ATTACHMENT VIA THE MESSAGE CENTER IN CMIS. DO NOT SEND VIA REGULAR E-MAIL. Send to Lori Banks, Annette French and Betty Mazzeo- whoever is able to act on the request first will send you a message and copy the other two who received the e-mail to avoid duplication of efforts.

You will receive a reply from Lori, Annette or Betty that your message was received. You will also receive a second message from the same person stating that the patient has been added.