



Demographic Correction Request Form

(Not For Number Merge Use)

Please fill all information for each section. This information is crucial to performing corrections.

- **A valid driver's license or a legal form of identification* must accompany this form, and the signature and date of the patient is required.**
- The completed form should be faxed to the Health Information Management Dept. at (201) 251-3593. (8:30 AM - 17:00 PM) Monday - Friday.
- For questions, call (201) 447-8537 (8:30 AM - 17:00 PM) Monday - Friday

After hours, 17:00 PM - 8:30 AM, Monday - Friday, Weekends and Holidays, call the Help Desk at 201-447-8100 and ask for the Analyst on call. This is for In-House patients only.

Correct Pt Information	Incorrect Pt Information
Last Name:	Last Name:
First Name:	First Name:
Correct MRec #:	Incorrect MRec #:
Birthdate:	Birthdate:
Soc. Sec. #:	Soc. Sec. #:
Address:	Address:
Phone Number: ()	Phone Number: ()

Patient Signature: _____ Date: _____

CHANGES WILL **NOT** BE MADE UNLESS ALL DOCUMENTATION* IS PROVIDED.
THANK YOU.

****Valid Driver's License, County ID, DMV-ID only card, Valid Passport, Resident Alien Card. All forms of ID cannot be expired****

(For internal use only) - Please print clearly

Form completed by: _____

Unit\Dept: _____

Extension: _____ Date: _____