

Patient Attributes and Related Treatment (PART) Duplicate Merge Request

Purpose: This form should be used when you find two records for the same patient on the PART.

Instructions: Please print and answer all questions; **incomplete forms will not be processed.** Fax the completed form to the Data Department at 855.580.4876. Forms will be processed within five business days.

FACILITY INFORMATION	
CCN/Medicare Provider Number & Facility Name	
Person Completing this Form & Phone Number	

PRIMARY PATIENT RECORD (Record to Keep)	
CROWN/SIMS UPI	
Social Security Number	<input type="checkbox"/> N/A SSN:
Medicare Claim Number	<input type="checkbox"/> N/A HIC:
Last Name	
First Name	
Date of Birth	
Gender	
Is there a form attached to this record?	<input type="checkbox"/> 2728 <input type="checkbox"/> 2746 <input type="checkbox"/> No
Are there clinical labs (treatment summary) attached to this record?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DUPLICATE PATIENT RECORD (Record to Merge or Delete)	
CROWN/SIMS UPI	
Social Security Number	<input type="checkbox"/> N/A SSN:
Medicare Claim Number	<input type="checkbox"/> N/A HIC:
Last Name	
First Name	
Date of Birth	
Gender	
Is there a form attached to this record?	<input type="checkbox"/> 2728 <input type="checkbox"/> 2746 <input type="checkbox"/> No
Are there clinical labs (treatment summary) attached to this record?	<input type="checkbox"/> Yes <input type="checkbox"/> No

