

Virginia Oncology Associates
Appointment Request



Please fax this form to:
 Southside Offices (757) 459-2740 Peninsula Offices (757) 873-9889
 ATTENTION: New Patient Schedulers

Fax sent from:	Phone:	Fax:
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Patient Name:		Date:
SSN:	Sex:	DOB:
Phone:		
Patient Address:		
City:	State:	Zip:

Primary Care Physician:	NPI:
Ref. Physician:	NPI:
Diagnosis (Cancer-include type of cancer, Heme, Other) :	

Please fill out the following information or provide a copy of the insurance card.

Primary Ins:	Policy #:
Subscriber Name:	
Subscriber DOB:	Subscriber SSN:

Secondary Ins:	Policy #:
Subscriber Name:	
Subscriber DOB:	Subscriber SSN:

Do you prefer a specific VOA Physician or would you like the first available appointment?

Preferred VOA Location: (circle)	
<u>Southside Offices</u>	<u>Peninsula Offices</u>
Chesapeake	Lake Wright (Norfolk)
Elizabeth City	Obici (Suffolk)
Franklin	Portsmouth
Harbour View (Suffolk)	Kitty Hawk, NC
Princess Anne (Virginia Beach)	Gloucester
	Hampton
	Port Warwick (Newport News)
	Williamsburg

A VOA New Patient Scheduler will contact your office with the appointment date/time.

VOA Use Only:	VOA to Notify Pt?
Appt Date/Time:	Referring Phys to Notify Pt?
Spoke with:	