



# Texas Outpatient & Infusion Center

## Personal Information

Full Name:  Date of Birth:

Address:

City:  State:  Zip Code:

Phone Number:  Email Address:

## Medical Information

Primary Care Physician:

Diagnosis:

Current Medications:

Allergies:

## Insurance Information

Insurance Provider:

Policy Number:

Group Number:

Subscriber Name:

## Emergency Contact

Name:

Relationship:

Phone Number:

Address:



## Application Instructions

1. Please complete all sections of this application form with accurate and up-to-date information.
2. After completing the application, you can submit it via one of the following methods:
  - **Email:** Attach your completed application and email it to [JHuddleston@comanchecmc.com](mailto:JHuddleston@comanchecmc.com).
  - **Mail:** Print and mail your application to the following address: CCMC - Comanche County Medical Center Attention: J. Huddleston/Infusion HOSPITAL 10201 TX-16 Comanche, TX 76442
  - **Drop-off:** You can drop off your completed application at any of our clinic locations.

### Additional Notes:

- For any questions or concerns regarding the application process, please contact Jeannie Huddleston at 254-879-4900 extension 4385.
- Ensure that all information provided is accurate and complete to expedite the application review process.

Thank you for your interest in Texas Outpatient and Infusion Center. We look forward to providing you with exceptional care.