

# HEMATOLOGY & ONCOLOGY ASSOCIATES OF RHODE ISLAND, INC.

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Dear New Patient:

We would like to take this opportunity to welcome you to Hematology and Oncology Associates of Rhode Island. Your visit has been scheduled and for your convenience an appointment card has been attached.

Please complete the enclosed forms and bring them with you to your first appointment. These forms may also be downloaded from our website: [cancercenterofri.org](http://cancercenterofri.org). Here is a list of the enclosed forms:

- Patient Information/Registration Form
- Patient Notice of Privacy Practices
- Health History Questionnaire
- Medication List Form

In addition, the following items will be needed for your first appointment:

- Insurance Card(s)
- Drivers License or Picture ID
- Referral Forms (if required by your insurance company)
- Method of Payment (we accept cash, check, Visa, and MasterCard)
- Copy of your Medical Records\*

\*A copy of your medical records is needed for continuity of care. You may have your primary and referring doctors send a copy of your medical records directly to our office instead of bringing a copy in at the time of your first appointment. Your primary physician may require a signed authorization for use or disclosure of protected health information (medical release form) and one has been enclosed for your convenience. Please sign and forward this form to your primary doctor. You may make copies if need, for additional requests from other healthcare providers. We appreciate your cooperation in requesting these records.

Our staff will be happy to accommodate your needs, but we ask that you please help us by alerting the front desk staff to any changes with your insurance, address, phone numbers, marital status, or employment.

If you have any questions, please do not hesitate to call before your appointment. We look forward to participating in your medical care.

Sincerely,

The Physicians and Staff of Hematology and Oncology Associates of Rhode Island