

Horn Lake Family Practice
3102 Goodman Road Horn Lake, MS 38637
PH: 662-342-6676 FX: 662-342-1213

Carequality Network Opt Out

Information for Patient Opting Out

First Name* _____ Middle Name _____

Last Name* _____

Address Line 1* _____

Address Line 2 _____

City* _____ State* _____ Zip Code* _____

Primary Phone Number* _____

Secondary Phone Number _____

Email _____

Date of Birth* _____ Sex (M/F)* _____

* Required

If this form is signed by someone other than the person named above, the person signing the form hereby certifies that he/she is acting as: (CHECK ONE) ___ Parent ___ Legal Guardian ___ Other (Specify Relationship) _____ for the person named above.

Contact information for individual completing this form if other than patient:

Printed Name _____ Phone Number _____

Patient Information (please print clearly)*

Printed Name _____ Signature _____

Date _____

Please print and fill-out this completed form and bring to your scheduled visit.