Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

WELCOME TO OUR PRACTICE

Welcome to Advanced Care Oncology and Hematology Associates. We provide the very best in hematology and oncology care for patients and their families.

To facilitate a thorough evaluation, please bring with you the following items that you may have:

1. Any MRI, X-ray, Bone scan, and CAT reports.
2. Prior Doctor Office Notes that you have in your possession.
3. Operative and Pathology Reports
4. Lab Work

- **Please be sure to arrive 30 minutes prior to your scheduled appointment to complete the necessary paperwork. If by chance you might be a few minutes late, please make sure you contact our office as there may be a chance that we might have to reschedule.**

- **Please do not hesitate to talk to our staff about your insurance. If you have any financial problems that indicate your need to be on a payment plan, our billing department will work with you. We feel an obligation to tell each and every patient our financial policy before the services are provided in an effort to avoid any miscommunication later.**

- **Also, please bring your insurance card and referral (if necessary), and be prepared to make any copayment, coinsurance or deductables. If our doctors are not participants with your insurance, please be advised that you are responsible for the initial consultation fee**

- ***Remember to bring with you all reports, Photo ID, Insurance & Pharmacy cards, as well as this packet, with you to your office visit.***

- ***Please visit our website before your appointment at: www.njacoha.com***

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • **West Orange** 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

NEW PATIENT REGISTRATION FORM

PERSONAL INFORMATION

Patient Name _____ _____ _____ ❑ Female ❑ Male **Age** _____ **Birthdate** ___/___/_____
Last Name First Name M.I.

SSN _____ - _____ - _____ **Marital Status**: ❑ Single ❑ Married ❑ Widowed ❑ Divorced

Ethnicity: ☐Hispanic ☐Non-Hispanic **Race**: ☐Caucasian ☐African-American ☐Asian ☐American India ☐Pacific Islander ☐Other

Language Spoken at Home: _____

Address _____ _____ _____ _____
Street City State Zip Code

Home Phone : _____ **Cell Phone**: _____ **Work Phone**: _____

Preferred Method of Contact: ☐ Home ☐Cell ☐ Work ☐ Email

May we leave lab / x-ray results on your answering machine? ❑ Yes ❑ No
Primary email contact _____
May we contact you via email for routine issues and appointments? ❑ Yes ❑ No

Pharmacy Name _____
Pharmacy # _____

EMPLOYMENT INFORMATION

Occupation _____ **May we contact you at work?** ❑ Yes ❑ No

Employer Name: _____ **Phone:** _____

Address _____
Street City Zip Code

REFERRING PHYSICIAN

Referred by: ❑ Dr. _____ ❑ Family ❑ Friend ❑ Other _____

Referring Physician: _____ **Phone:** _____ **Fax:** _____
Address _____
Street City State Zip Code

Primary Care Physician/Other: _____ **Phone:** _____ **Fax:** _____
Address _____
Street City State Zip Code

EMERGENCY CONTACTS

1. **Name** _____ **Relationship to Patient** _____
   Home Phone: _____ **Cell** _____ **Work** _____

2. **Name** _____ **Relationship to Patient** _____
   Home Phone: _____ **Cell** _____ **Work** _____

I have reviewed all previously documented information on the registration form and acknowledge that it is complete and accurate.

Signature: _____ **Print Name:** _____ **Date:** ___/___/ 20___

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

INSURANCE INFORMATION OR COMPENSATION INFORMATION

Primary Insurance Name _____

Policy ID# _____ **Claim/Group #** _____

Address: _____ **Phone:** _____

Policy Holder Name _____ **Policy Holder Birthdate** _____

Relation to Patient: _____ **SSN of Policy Holder** _____ - _____ - _____

Employer Name of Policy Holder _____

Employer Address of Policy Holder _____
Street City Zip Code

Secondary Insurance Name _____

Policy ID# _____ **Claim/Group #** _____

Address: _____ **Phone:** _____

Policy Holder Name _____ **Policy Holder Birthdate** _____

Relation to Patient: _____ **SSN of Policy Holder** _____ - _____ - _____

Employer Name of Policy Holder _____

Employer Address of Policy Holder _____
Street City Zip Code

Patient Consent

I understand the fees for services rendered are payable at the time of service unless previous arrangements have been made, or hospitalization is required. We accept assignment of Medicare and most insurance plans. I have read and give my consent for benefits to be paid directly to the above named doctors when lifetime assignment is indicated. I hereby authorize medical and billing information to be released to my insurance company.

I understand that any outstanding balance not covered or paid by my insurance will be my responsibility to pay. If my accounts are turned over to an attorney or collection agency to obtain payment, I shall be responsible for the attorney's fee. Court costs, and any other costs incurred by the collection agency.

Patient Signature: _____ Date: ____/____/ 20____

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

MEDICATION LOG

PATIENT INFORMATION		
Name:	**Date of Birth:**	**Social Security Number:**
Home Address: (Street, City, State & Zip)		Phone Number:
Physician Name & Phone:	**Pharmacy Name & Phone:**	
Allergies to Medications: ☐ No Known Allergies		

☐CURRENT MEDICATIONS OR ☐UPDATED MEDICATION

Medication Name, Strength & Dose Schedule (Include Vitamins, Herbal & Over the Counter)	DOSAGE	Prescribed Physician Name

For Office Use Only

Copy of RX Card Scanned ❑ Yes ❑ No

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1998 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment and payment of health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Patient signature: _____

Or Patients representative: _____

OFFICE STAFF ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because:

- ❑ Individual refused to sign
- ❑ An emergency situation prevented us from obtaining acknowledgement
- ❑ Other (please specify)

_____

_____

Employee's Signature and Date: _____

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

FINANCIAL DISCLOSURE

1. Upon arrival, please sign in at the front desk and present your insurance card(s) and additional form of identification.

2. It is your responsibility to fully understand your benefit plan. It is also your responsibility to know if an insurance referral is required. If incorrect information was given resulting in non-payment of your claim, you will be responsible for the charges.

3. You are responsible for all co-payments according to your insurance plan at the time of service. When claims are processed you will be responsible for any co-insurance / deductible per your insurance company.

4. Charity care patients will be charged a nominal fee for office visits. An uninsured patient will make arrangements with the billing office at the time of service.

5. Monthly payment plans can be arranged. Please contact the billing office at 973-379-2111 to discuss payment arrangements during our hours of operations: Monday-Friday 9:00am-5:00pm.

I have read and understand the above financial policy and agree to comply and accept the responsibility for any payment that becomes due.

Patient's Name: _____

Date: _____

Patient's Signature: _____

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

APPOINTMENT CANCELLATION POLICY

We strive to render excellent patient care to you and the rest of our patients. In an attempt to be consistent with this, we have an Appointment Cancellation Policy that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

OUR POLICY IS AS FOLLOWS:

We require that you give our office more than 24 hours notice in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of $25.00 may be charged to you; this fee cannot be billed to your insurance company and will be your direct responsibility.

Additionally, missed procedures not canceled with 24 hours prior notice may be subject to a $250.00 processing fee.

If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

We thank you for being our valued patient.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

_____
Print Name

_____
Signature of Patient / POA / Guardian

_____
Date

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

PATIENT AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

Notice to the patient:
If we are requesting this authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- We cannot condition our provision of services to you on the receipt of this signed authorization except if you are participating in a research project.
- You may request a copy of the protected health information to be used or disclosed.
- You may refuse to sign this authorization.
- We must provide you with a copy of the signed authorization.
- This authorization only covers PHI that is disclosed by Oncology & Hematology Specialists, P.A. The information could be re-disclosed by the person(s) who receive it and, in that case, your PHI will not be protected by the HIPAA privacy and security rules.
- You have the right to revoke this authorization at any time, provided that you do so in writing, except to the extent that we have already relied on this authorization to use or disclose your information.

Patient's Name _____
First Name Middle Name Last Name

Please send my health information to the following physicians:

Physician Name	Specialty	Address	Phone Number
Physician Name	Specialty	Address	Phone Number
Physician Name	Specialty	Address	Phone Number
Physician Name	Specialty	Address	Phone Number

I authorize Advanced Care Oncology & Hematology Associates LLC (ACOHA) to use and/or disclose my protected health information (which may pertain to my diagnosis and treatment, laboratory test results, medical history, billing information, ordering and/or treating physicians, and/or other related information, including but not limited to results such as HIV, sexually transmitted disease, and drug testing information) as specifically identified below and in the original request attached to this authorization and to the person(s) named in that request. I understand that this authorization will expire when ACOHA has provided the requested information.

I authorize attorney(s) and their legal staff, as well as the ACOHA and its employees, to use and/or disclose my PHI in accordance with this authorization.

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

The use and/or disclosure of my PHI are at my own request. I understand that the information used and/or disclosed pursuant to this authorization may be re-disclosed by the person or party receiving it; in that case, the information may no longer be protected under federal law.

PATIENT AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) – pg.2

This authorization also permits Advanced Care Oncology & Hematology Associates LLC (ACOHA) to release my medical health information to the person I indicated below, family, member or person involved with my health care or payment relating to my healthcare.

For the purpose of ACOHA making the limited disclosures described above. I understand that I am not required to list anyone. I further understand that I may change this list at any time in writing.

Name: _____

Name: _____

Name: _____

Name: _____

I fully understand and accept the terms of this authorization.

Name: _____

Patient Signed: _____ **Date:** _____

Or Patient's Representative: _____ **Date:** _____

Patient Revocation (to be signed only if you wish to revoke the Authorization, except to the extent that we have already relied on this Authorization to use or disclose your information).

I hereby revoke this authorization to use and/or disclose my protected health information. This revocation is effective on the date that it is signed below, and Oncology & Hematology Specialists, P.A. may not use or disclose my protected health information that is subject to this authorization after this date. I understand that if Oncology & Hematology Specialists, P.A. has previously relied upon this authorization to use and/or disclose my PHI, that such previous use and/or disclosure may not be revoked.

Signed: _____ **Date:** _____

Print Name: _____

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

DIRECTIONS TO:
385 Morris Avenue, Suite 100
Springfield, NJ 07081
(973) 379-2111

BUS ROUTE:
NJ Transit Bus # 70

FROM THE GARDEN STATE PARKWAY (NORTH & SOUTH):
Take the Parkway to Route 78 West, which is near the Union toll. Follow Rt. 78 West (stay in local lane). Get onto Route 24 West. Take exit 9A for Broad Street/Morris Avenue toward Summit/Millburn/Springfield. Continue on Route 124 East (Morris ave) and go past the Milburn Avenue intersection. After the Short Hills Avenue intersection traffic light make a right into the driveway for 385 Morris Ave.

FROM ROUTE 287 (NORTH & SOUTH):
From 287, Take Exit 37 for Route 24 East. Follow 24 East and take exit 9B toward Millburn/Springfield. Merge onto 527N/Morris Avenue. Continue to follow Morris Avenue. Go past the Milburn Avenue intersection. After the Short Hills Avenue intersection traffic light make a right into the driveway for 385 Morris Ave.

FROM ROUTE 80:
Follow Route 80 East or West to Route 287 and proceed as above.

FROM Livingston, Florham Park and local towns:
Take John F. Kennedy Pkwy South and take the NJ-124 W Ramp to Chatham. Follow signs for NJ-24 E/Summit/Newark and merge onto NJ-24 E. Follow directions as above

FROM Summit, Chatham, Morristown and local towns:
Take 124 East all the way into Millburn/Springfield and follow directions as above

Parking and entrance:
Ample parking is available in the side and rear of the building. Please enter the building from the rear entrance. We are located on the second floor.

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

DIRECTIONS TO:
741 Northfield Avenue, Suite 203
West Orange, NJ 07052

ACOHA – WEST ORANGE

ACOHA is conveniently accessible from Northfield Avenue across from the PNC Bank. Complimentary valet parking is available via back of building.

BY NJ TRANSIT:
Bus # 73 Local

FROM ROUTE 10 EAST:
Go to the Livingston traffic circle and take Northfield Avenue through 4 lights. Keep left for 3/10 of a mile and turn left into driveway that reads 741-743 Northfield Office Center.

FROM ROUTE 287 (NORTH OR SOUTH):
Exit at Route 10 East. Follow directions above.

FROM GARDEN STATE PARKWAY (NORTH OR SOUTH):
Go to Exit #145 (Route 280 West) to Exit 10 (Northfield Avenue). At light at the top of the ramp, turn left onto Northfield Avenue. Stay straight on Northfield Avenue for approximately 4 miles. Turn right into driveway that reads 741-743 Northfield Office Center.

FROM NEW JERSEY TURNPIKE (NORTH OR SOUTH):
Take Exit #15W to Route 280 West. Follow directions above.

FROM ROUTE 80 EAST:
Exit Route 280 East to Exit #6 (Laurel Avenue). Make a right onto Laurel Avenue. At fork in road stay left and continue for several miles to Northfield Avenue. (Exxon Station on left.) Turn left onto Northfield Avenue. Keep left for 3/10 of a mile and turn left into driveway that reads 741-743 Northfield Office Center.

FROM ROUTE 78 (EAST AND WEST):
Exit at Route 24 West. Continue to J.F.K. Parkway, following signs to Livingston. Turn right onto Northfield Avenue. Proceed through 4 traffic lights. Keep left for 3/10 of a mile and turn left into driveway that reads 741-743 Northfield Office Center.

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

DIRECTIONS TO:
Carol G. Simon Cancer Center
100 Madison Avenue
Morristown, NJ 07960

ACOHA - Morristown Medical Center

From northeastern New Jersey

Take I-80 West to I-287 South to Exit 35, marked Madison Avenue. Turn left at traffic light onto Madison Avenue. Make left at next traffic light to hospital entrance.

From northwestern New Jersey

Take I-80 East to I-287 South and then follow directions from northeastern New Jersey (above).

From central and southern New Jersey

Take I-287 North to Exit 35, marked South Street. Turn left at traffic light at end of ramp. Bear right onto access road toward Madison Avenue. Turn right onto Madison Avenue. Make left at next traffic light to hospital entrance.

From Newark area

Take I-78 West to Route 24 West to I-287 South and follow directions from northeastern New Jersey (above).

From eastern Pennsylvania

Take I-78 East to I-287 North to Exit 35, marked South Street, and follow directions from central and southern New Jersey (above).

Advanced Care Oncology & Hematology Associates, LLC

Springfield 385 Morris Avenue Springfield NJ 07081 • West Orange 741 Northfield Ave. Suite 203 West Orange, NJ 07052
Morristown Carol G. Simon Cancer Center / 100 Madison Avenue Morristown, NJ 07960
Hackettstown Carol G. Simon Cancer Center / 657 Willow Grove Street Hackettstown, NJ 07840
Practitioners Maithili Rao, M.D. / Ashish Khot, M.D. / Charlesse Pondt, M.D. / Joshua Strauss, M.D. / Ashish Shah, D.O.
Ramsey Asmar, M.D. / Nikki Bajaj, M.D. / Marlene Schmitz, APN / Edgar "Joed" LaChica, APN / Kari Sierant, APN
Jessica Surloff, PA / Cherry Rudge, APN / Jessica Figueroa, APN
Phone: 973.379.2111 • Fax: 973.379.2807 • info@njacoha.com • www.njacoha.com

DIRECTIONS TO:

Hackettstown Medical Center
657 Willow Grove St, Suite 303
Hackettstown, NJ 07840

ACOHA – Hackettstown Medical Center

From Route 80 West:

Take Exit 26 ("Budd Lake-Hackettstown") and bear right onto Route 46 West. Proceed 8 miles to the traffic light in Hackettstown where Valley National Bank will be on the right. Bear right and take another quick right onto Willow Grove Street, just before the Hess gas station (you'll see the blue hospital sign). Drive one mile. The hospital will be on your left.

From Route 80 East:

Take Exit 19 (Allamuchy-Hackettstown") and bear left onto Route 517. Proceed approximately 4 miles until you see the Skylands Community Bank on your right. Make a left onto Bilby Road, drive .9 mile, then make a right onto Willow Grove Street (you'll see the blue hospital sign). Drive .4 mile and you'll see the hospital on your right.

From Route 206 North:

Take Route 206 North to Route 46 and go left onto Route 46 West. Proceed approximately 8 miles to the traffic light in Hackettstown where Valley National Bank will be on the right. Bear right, and take another quick right onto Willow Grove Street, just before the Hess gas station (you'll see the blue hospital sign). Drive one mile. The hospital will be on your left.