



PATIENT INFORMATION

Patient Name: Sex: Age:
Address:
City: State: Zip:
Date of Birth: Marital Status: S.S.#:
Home Phone: Work Phone:
Employer Name:
Address:
Emergency Contact: Phone:
Relationship: Referred By:

Responsible Party If Different From Above

Name: Sex: Age:
Address:
City: State: Zip:
Date of Birth: Marital Status: S.S.#:
Home Phone: Work Phone:
Employer Name:
Address:

Insured Information

Primary Plan Name:
Address:
Insured Name: Relationship to Patient:
Policy #: Group #:
Secondary Plan Name:
Address:
Insured Name: Relationship to Patient:
Policy #: Group #:

Fees for services are payable at the time service is rendered. We will be happy to discuss fees with you in the office. It is your responsibility to be aware of coverage limits within your insurance plan. If you are not satisfied with payment on a claim, contact your insurance company.

Authorization for Treatment: I consent to examination, treatment, and procedures which may be performed during office visits, including emergency treatment considered necessary by the physician.

Authorization to Pay Benefits to Facility: I hereby assign payment directly to the facility for services covered by insurance. I understand that I am personally responsible for all charges.

Authorization to Release Information: I authorize the facility to release any information acquired in the course of examination treatment. (For insurance purposes). I also understand that I am responsible for payment of reasonable Attorneys fees and/or collection expenses, if required, for the collection of the account.

Acknowledgement of Receipt of Privacy Notice: I hereby acknowledge that Open MRI & CT Specialists has provided me a copy of their Privacy Notice.

Authorization to Contact me: I authorize Open MRI & CT Specialists to contact me, either by phone or by mail to provide a reminder of an appointment, to confirm any demographic or insurance information, or information about new services that Open MRI & CT Specialists will be offering.

Signed: DATE:

PLEASE LET US KNOW IF WE CAN IMPROVE OUR SERVICES TO YOU. WE ARE ANXIOUS TO HELP.