

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address: _____ Home Phone: _____

Apartment #: _____ Daytime Phone: _____

City, ST, Zip: _____ Mobile Phone: _____

E-mail address: _____

Ordering Physician

Additional Physician

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Primary Insurance

Secondary Insurance

Insurance Company: _____ Insurance Company: _____

Insurance ID#: _____ Insurance ID#: _____

Policy Holder: _____ Policy Holder: _____

Policy Holder DOB: _____ Policy Holder DOB: _____

Rel to Policy Holder: _____ Rel to Policy Holder: _____

*****Be sure to give the receptionist your insurance cards and a photo ID.***

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Other
- Prefer not to answer

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Preferred Language:

- English
- Spanish
- Other

I assign all medical insurance benefits to Montclair Radiology for all my visits.

I have provided full and complete insurance information.

If my insurance denies payment due to incorrect information, I will be responsible for the payment of my bill.

I agree to pay for all deductibles, co-insurance amounts, and co-payments, and all non-covered services.

I authorize Montclair Radiology to release protected health information needed for processing of claims for payment as applicable.

If my insurance plan will not assign benefits to Montclair Radiology, then I understand that I am responsible for payment of all charges, regardless of whether or not I am later reimbursed by my insurance plan.

I understand and agree that if my insurance plan sends payment to me rather than Montclair Radiology, I will immediately endorse the check and forward to Montclair Radiology to be cashed and applied to my account.

I have reviewed the above and agree that the information is accurate unless noted otherwise.

Signature: _____ Date: _____