

Patient Information

PI

(Please Print)

Patient's Name _____ Email _____
Date of Birth _____ Gender Male Female (Circle One)
Address _____
City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____
Social Security Number _____ Marital Status _____
Employer _____ Occupation _____
Responsible Party _____ Relationship to Patient _____
Emergency Contact _____ Phone Number _____

Insurance Information

Primary Insurance Company _____
Contract/Policy # _____ Group # _____
Subscriber Name _____
Subscriber Date of Birth _____ Relationship to Patient _____
Secondary Insurance Company _____
Contract/Policy # _____ Group # _____
Subscriber Name _____
Subscriber Date of Birth _____ Relationship to Patient _____

Please Read:

I authorize High Tech Imaging Center Inc., holder of medical or other information about me, to release to the social security administration and health care financing administration or its intermediaries or carriers any information needed for this or any and all insurance claims. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts the assignment. I understand it is mandatory to notify the health care provider of any other who may be responsible for paying for my procedures. I authorize High Tech Imaging Center Inc. to furnish the above information. I assign to High Tech Imaging Center Inc. payments for medical services rendered to my dependents or myself. **I understand I am financially responsible to High Tech Imaging Center Inc. for co-pays, deductibles and any charges not covered by my insurance provider and if this obligations is not paid in full when due, I agree to pay all costs of collecting it, including reasonable attorney's fee. You agree, in order for us to service your account or collect monies you may owe, we or a designated agent may run credit reporting as necessary, contact you by email or telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact include using email and pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.**

Signature: _____ Date _____