

STAR IMAGING

PATIENT REGISTRATION FORM

Referring Physician: _____

Today's Date: _____

Patient Information:

Patient Name: _____

Date of Birth: _____

Sex: Male ☐ Female ☐ Marital Status: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone # _____ - _____ - _____ Email: _____

Is Patient a Minor? Yes ☐ No ☐ If yes, parent/guardian name: _____

Emergency Contact:

Name: _____ Relationship to Patient: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone # _____ - _____ - _____ Cell # _____

Insurance Information:

☐ Check the box confirming Self-Pay Status

☐ Check the box if its accident/injury related

Primary Insurance:

Insurance Name: _____

Auto Insurance Name: _____

Policy #: _____

Claim #: _____

Group #: _____

Adjuster's Name: _____

Insured Name: _____

Adjuster's Phone #: _____

DOB: _____

Relationship to the patient: _____

Consent and Acknowledgement

I authorize Star Imaging to release any medical or other information needed for this or a related claim. If assignment is accepted, I request payment of insurance benefits be made directly to STAR IMAGING. I am responsible for the deductible, co-payment, and non-covered service (as determined by my insurer.) I understand that any deductible or coinsurance payments made on this exam date are estimates based on information STAR IMAGING received from my insurance company prior to submission of the claim for this exam. Once a claim is submitted to my insurance carrier for the exam, I understand that I may be responsible for additional amounts in accordance with my individual insurance plan and acknowledge that STAR IMAGING will bill me for the balance remaining. I authorize release of information, films, and copies pertinent to my medical history and for follow-up of any suspicious finding. This consent authorizes STAR IMAGING to release to my insurance company, referring physician and other physicians participating in my care my medical record, including images and reports.

Signature of Patient/Parent/Guardian: _____

Date: _____