

**Patient Information**

(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 \_\_\_\_\_

**Insurance Information**

Primary Insurance Company \_\_\_\_\_  
Contract/Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Subscriber Name \_\_\_\_\_  
Subscriber Date of Birth \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Secondary Insurance Company \_\_\_\_\_  
Contract/Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Subscriber Name \_\_\_\_\_  
Subscriber Date of Birth \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Please Read**

I authorize MED-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 Med-Tech Imaging Center Inc. to furnish the above information. I assign to Med-Tech Imaging Center Inc. payments for medical services rendered to my dependents or myself. I understand I am financially responsible to Med-Tech Imaging Center Inc. for copays, 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 cost 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 \_\_\_\_\_