



## Registration Form

### PATIENT INFORMATION

Patient Last Name \_\_\_\_\_ First, MI \_\_\_\_\_ Sex \_\_\_\_\_  
Jacket # \_\_\_\_\_ Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  
Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*Emergency Contact Person (not living with you)*  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### RESPONSIBLE PARTY INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### INSURANCE INFORMATION

On the Job Injury? \_\_\_\_\_ Motor Vehicle Accident? \_\_\_\_\_

*Primary Carrier*

Carrier Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Authorization \_\_\_\_\_ Adjuster \_\_\_\_\_

*Secondary Carrier*

Carrier Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### RELEASE OF INFORMATION AND PAYMENT AUTHORIZATION

I authorize the release of information necessary to process this claim and assign benefits payable for services directly to Envision Imaging of Allen. I authorize the release of any medical information necessary for treatment by my current or future physician or health care provider. I authorize Envision Imaging of Allen to release to my insurance company any medical information which may be necessary to process my insurance claim. I understand that in the event my insurance company denies this claim, I will be held financially responsible for all charges.

I acknowledge that I have received a copy of Envision Imaging of Allen's Privacy Notice. Initials: \_\_\_\_\_

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_