



PLEASE PRINT AND COMPLETE ALL SECTIONS

Patient Information

Last Name _____ Address _____
First Name _____ City/State/Zip _____
Middle Name _____ Home Phone _____
Soc.Sec.# _____ Work Phone _____
Gender _____ Employer _____
Birth Date _____

Referring Physician Information

Dr. _____ Address _____
Phone _____

Policy Holder Information

Last Name _____ Birth Date _____
First Name _____ Address _____
Middle Name _____ City/State/Zip _____
Soc. Sec.# _____ Home Phone _____
Employer _____ Work Phone _____
Address _____ City/State/Zip _____
Patient Relation to
Policy Holder: _____

Insurance Information

Primary Insurance Policy # _____
Address _____ Group # _____
City/State/Zip _____
Telephone # _____

Second Insurance Policy Holder _____
Address _____ Policy # _____
City/State/Zip _____ Group # _____
Telephone# _____ Patient Relation to
Policy Holder: _____

**Authorizaion for:
Assignment of Benefits, Responsibility for non-covered services, Release of Information**

I request that payment of authorized benefit payable by any Federal or State health program or commercial payor be made either to me or on my behalf to Modern Diagnostic Imaging for any services furnished to me by its physicians or employees at any location. I authorize Modern Diagnostic Imaging to release to its billing agents, the health care financing administration, IT agents and my insurer as applicable, any information (including, but not limited to information regarding drug and alcohol program participation, diagnosis, prognosis, treatment or referral) needed to determine these benefits, the benefits payable for related services or to obtain payment for services provided. I understand that I may revoke this consent to release at anytime, except to extent relied upon by Modern Diagnostic Imaging or the disclosure is authorized by law. This consent to the release of patient information remains valid until expressly revoked by me in writing. I understand that I am primarily responsible for the payment of any services provided.

Signed: _____ Date: _____

A photocopy of this assignment/release will serve the same as the original.