

# MRI Centers Patient Registration Form

## Patient Information

Patient's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ S. S.# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M F Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Are you an Inpatient at a:  Skilled Nursing Facility  Nursing Home  Hospital/Emergency Room  
Where? \_\_\_\_\_

## Employer / Insurance Information

**Patient:** Employment Status: Full Time Part Time Retired Unemployed Child  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
**Insurance Company to File Claim (Primary)**  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

## Guarantor / Cardholder if not patient:

Cardholder Name: \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Cardholder Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## Visit Information

Is this a work related injury? No Yes Injury Date: \_\_\_\_\_ Claim # \_\_\_\_\_  
Is this a motor vehicle accident? No Yes Injury Date: \_\_\_\_\_ Claim # \_\_\_\_\_  
If patient is a Minor, state your relationship  
 Parent  Legal Guardian  Other(specify): \_\_\_\_\_  
What influenced your decision to use the MRI Centers' services today: (check all that apply)  
\_\_\_\_ Referring Physician \_\_\_\_ Prior services at the MRI Centers \_\_\_\_ Insurance \_\_\_\_ Friend / Family suggested  
\_\_\_\_ Referred by another MRI Facility \_\_\_\_ Advertising (type) \_\_\_\_\_ \_\_\_\_ Other \_\_\_\_\_

## Emergency Contact Information

In case of Emergency, Please notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_