



___ FREEHOLD RADIOLOGY GROUP 901 WEST MAIN STREET FREEHOLD
 ___ FREEHOLD RADIOLOGY NORTH 176 ROUTE 9 NORTH MARLBORO
 ___ FREEHOLD MR ASSOCIATES 691 WEST MAIN STREET FREEHOLD

INSURANCE AUTHORIZATION AND CONSENT SIGNATURE ON FILE

I authorize payment directly to Freehold Radiology Group/Freehold MR Associates.

I permit a copy of this authorization to be used in place of the original.

~~I understand that I am financially responsible for all charges in connection with services rendered unto me or the patient, if a minor.~~

I authorize release of the information to my insurance carrier(s).

I authorize use of this form on all of my insurance submissions.

I authorize Freehold Radiology / Freehold MR Associates to act as my agent in helping me obtain payment from my insurance carrier(s).

I authorize Freehold Radiology Group/ Freehold MR Associates to provide health care information written and/or verbally to my primary care physician, other consulting physicians and allied health personnel.

~~Today's cost for services rendered have been disclosed to me.~~

Patient's Name _____ (Please Print)

Patient's Social Security # _____ Date of Birth _____ Age _____

Home Address _____

(Include City, State, Zip Code)

Telephone Number(Include Area Code) _____ Cell Number _____

Referring Physician _____

INSURANCE INFORMATION

(PLEASE PRESENT ALL INSURANCE CARDS TO FRONT DESK STAFF)

Primary Insurance Company Name _____

Policy # _____ Group# _____

Policyholder's Name _____ Relationship to Patient _____ Policyholder's DOB _____

Policyholder's Employer _____

For Workman's Comp or Auto Accident Claim # _____ Date of Accident _____

Insurance Company Name / Address _____

Claim Handler _____ Telephone Number include area code _____

Secondary Insurance Company Name _____

Policy # _____ Group # _____ Policyholder's Name _____ DOB _____

PATIENT'S SIGNATURE _____ Date _____

I have received a copy of the Freehold Radiology Group/Freehold MR Associates Notice Of Privacy:

PATIENT'S SIGNATURE _____ Today's Date _____