



CORA



CMI



COMRI

PATIENT INFORMATION(please print)

Patient Name: _____ Phone: _____ Date: _____

 Last First MI

Mailing Address: _____ City _____ State _____ Zip _____

Birth date: _____ Age: _____ Male or Female SS# _____/_____/_____

Check One: Employer: _____
 Employed Retired Disabled Unemployed Company Work Phone

Spouse's Name: _____ SS# : _____/_____/_____

 Last First MI

Spouse's Employer: _____ Person To Bill: _____

Billing Address: _____

Ordering Physician: _____ Add'l copy to Dr. : _____

Check What Applies: Date of Injury: _____/_____/_____
 Illness On The Job MVA Other

Medicare # : _____/_____/_____ Welfare # : _____

Insurance Name: _____ Claim or Policy # : _____

Insurance Address: _____

Name Of Insured: _____ SS#: _____/_____/_____
 Last First Birth Date

Employer On Injury Date or Employer Insurance is Through: _____

AUTHORIZATION AND FINANCIAL AGREEMENT FOR DIAGNOSTIC RADIOLOGY STUDIES

I authorize treatment of the person named above and agree to pay all fees and charges. I understand I am financially responsible to CORA/COMRI/CMI for all charges for services regardless of insurance coverage. It is agreed that payments will not be delayed or withheld because of any insurance or the pendency of claims thereon. I agree to pay all charges for myself and my family shown by my statements. In the event legal action is necessary to collect an unpaid balance due for service rendered to myself or my family, I/we agree to pay reasonable attorney's fees or other such costs as the court determines.

I hereby authorize CORA/COMRI/CMI to release any necessary medical information for my care and treatment.

Signature of Patient or Guarantor _____ Date: _____

Our pre-registration department will attempt to contact you by phone to make sure we have your current billing information and to go over any preparations for your exam. If we reach your answering machine, may we leave a detailed message regarding your appointment? Yes No

Signature of Patient or Guardian _____ Date: _____