J.HOWARD

RADIOLOGY ASSOCIATES

Macon, Forsyth, GA

These forms were created by me for the patient who wants to fill out their paperwork before their appointment. The goal was to design a form that looked as professional as the practice was. The client was pleased with these and ordered them for other sites as well.

Radiology Associates
OF MACON

PATIENT INFORMATION

Patient Name: _____ Patient ID: _____
Gender: _____ Patient Social Security #: _____
Marital Status: _____ Date of Birth: _____
Home Phone: _____ Employed Status: _____
Mobile Phone: _____ Employer Name: _____
Email Address: _____ Work Phone: _____
Patient Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Phone: _____

Is this patient a minor? Yes / No

If yes, name of parent/legal guardian:
_____

PHYSICIAN INFORMATION

Referring Physician: _____ Sec. Physician: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
Address: _____ Address: _____

INSURANCE / BILLING INFORMATION

Work related accident? Yes / No Work related accident? Yes / No
No Fault Case #: _____ Worker's Comp Case#: _____

PRIMARY INSURANCE

Insurance Company: _____
Plan Name: _____
Insurance ID: _____
Group Number: _____
Policy Holder: _____
Policy Holder DOB: _____
Relationship to Patient: _____
Phone: _____
Insurance Address: _____
_____

SECONDARY INSURANCE

Insurance Company: _____
Plan Name: _____
Insurance ID: _____
Group Number: _____
Policy Holder: _____
Policy Holder DOB: _____
Relationship to Patient: _____
Phone: _____
Insurance Address: _____
_____

I hereby authorize payment directly to this Imaging Center of all insurance benefits for services rendered. I understand that I am financially responsible for all charges not covered by insurance for services rendered on my behalf or my dependents. I authorize the above providers to release any information required to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of patient or guardian: _____ Date: _____

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770 Pine Street • Suite 290
Macon, GA 31201
478.743.1458 • www.RAmacon.com

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

- ☐ **Ultrasound** • Suite 290 • 633.1257 • Fax 745.4325
- ☐ **CT** • Suite 290 • 633.1646 • Fax 743.3066
- ☐ **Vascular Lab** • Suite 290 • 633.1257 • Fax 745.4325

Patient's Name: _____

Appointment Date & Time: _____

Referring Physician: _____

Procedure Requested: _____

Clinical Problem: _____

Special Instructions: _____

_____

Physician's Signature: _____

PRE-AUTHORIZATION MAY BE RQUIRED • PLEASE CHECK WITH YOUR INSURANCE COMPANY.

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ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

Radiology Associates of Macon is located on the 2nd floor of the Professional Building at 770 Pine Street next to the Medical Center's Emergency Room entrance.

Park in the Red Parking Deck on Pine and drive to Level 2 for access to the Pedestrian Bridge. Continue straight down the hallway. Turn left into our elevator lobby

Bring your parking ticket with you to your appointment for free parking stamp. Valet Parking is available in the circular drive in front of the 770 Pine Street Professional Building.