



NEXT GENERATION RADIOLOGY

GREAT NECK
560 Northern Blvd.
516-504-1600
PET 516-482-2135

PORT JEFFERSON STATION
4 Medical Drive
631-928-1600

GARDEN CITY PARK
2403 Jericho Tpke.
516-248-3210

www.nextgenerationrad.com

Name first middle initial last

IF YOUR ADDRESS ON FILE HAS CHANGED, PLEASE PROVIDE CURRENT INFORMATION

Address street city state zip Home Phone ()

Emergency Contact Relationship To Patient Phone ()

IF YOUR REFERRING PHYSICIAN ON FILE HAS CHANGED, PLEASE PROVIDE CURRENT INFORMATION

Referring Physician First & Last Name Physician Phone ()

Referring Physician Address

IF YOUR INSURANCE ON FILE HAS CHANGED, PLEASE PROVIDE CURRENT INFORMATION

Primary Insurance Company Phone ()

Insurance Address

Policy or ID # Group #

Insured's Name Relationship to Patient: Self Spouse Dependent

Insured's Date of Birth (mm/dd/yyyy) SS# - - Sex: M F

Insured's Employer Name Insured's Employer Phone ()

Insured's Employer Address

SECONDARY INSURANCE INFORMATION (if applicable)

Insurance Company Phone ()

Insurance Address

Policy or ID # Group #

Insured's Name Relationship to Patient: Self Spouse Dependent

Insured's Date of Birth (mm/dd/yyyy) SS# - - Sex: M F

I hereby assign, transfer, and set over to Next Generation Radiology all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. ***I understand that I am financially responsible for all charges whether or not they are covered by insurance.***

PATIENT/GUARDIAN SIGNATURE DATE

OFFICE USE ONLY

ADS ACCT# DHT MRN#

AUTH# EXAM