



PATIENT REGISTRATION FORM

Dr. John Tomashek Dr. Shirish Patel

Today's Date

PATIENT INFORMATION (Please Print)

Legal Name Last First MI DOB

Mailing Address Street City State Zip

E-Mail Primary language:

Sex Male Female Marital Status S M D W

Primary phone number: () MAY WE LEAVE A MESSAGE? YES NO

*Complete the Authorization for Communication of Protected Health Information Sheet

Employment Information

Employment Status: Employed Full-Time Student Part-Time Student Self Employed Retired Unemployed

Employer: Occupation

Work Phone () EXT:

Insurance Information

Primary Insurance Company: Secondary Insurance Company:

Subscriber Name: M F Subscriber Name: M F

Subscriber DOB: / / Subscriber DOB: / /

AUTHORIZATION TO RELEASE INFORMATION. I hereby authorize Wisconsin Radiology Specialists, S.C. to release any information concerning my care to my insurance company. I also authorize the release of information to and from my primary or referring physician that they may deem pertinent to my care.

ASSIGNMENT OF BENEFITS. I hereby authorize, request and assign payment directly to Wisconsin Radiology Specialists, S.C. by all insurance carriers and Social Security administrators with whom I have coverage or for who benefits are, or may become, payable to me, including settlements of judgments arising from the incident for which I am receiving treatment. I agree to pay all charges not paid by my insurance plan.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE. I acknowledge that I have received a copy of Wisconsin Radiology Specialists, S.C. Privacy Practices. I understand that the Notice of Privacy provides an explanation of the ways in which my health information may be used or disclosed by Wisconsin Radiology Specialists, S.C. and my rights with respect to my health information.

The undersigned has read and understands the above.

Date (Signature of Patient or Patient's Legal Representative - if patient is unable to sign)

(Relation to Patient)

FOR OFFICE USE ONLY

Patient was unable or unwilling to complete this form or portions of this form. Explain: