

**PATIENT INFORMATION**

**Patient Last Name** \_\_\_\_\_ **First, MI** \_\_\_\_\_ **Sex**  Male  Female  
**Jacket #** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_ **Marital Status** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Employer Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
**Employer Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Employer City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
*Emergency Contact Person (not living with you)*  
**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_

**INSURANCE INFORMATION**

**On the Job Injury?** \_\_\_\_\_ **Motor Vehicle Accident?** \_\_\_\_\_  
*Primary Carrier*  
**Carrier Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Policy Holder** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_  
**Authorization** \_\_\_\_\_ **Adjuster** \_\_\_\_\_  
*Secondary Carrier*  
**Carrier Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Policy Holder** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**RELEASE OF INFORMATION AND PAYMENT AUTHORIZATION**

I authorize the release of information necessary to process this claim and assign benefits payable for services directly to MRI Specialists of Tulsa. I authorize the release of any medical information necessary for treatment by my current or future physician or health care provider. I authorize MRI Specialists of Tulsa to release to my insurance company any medical information which may be necessary to process my insurance claim. I understand that in the event my insurance company denies this claim, I will be held financially responsible for all charges. Also in the event that my insurance company sends payment for these services to me directly, it is my responsibility to remit these monies to MRI Specialists of Tulsa.

I acknowledge that I have received a copy of MRI Specialists of Tulsa's Privacy Notice. Initials: \_\_\_\_\_

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_