



2245 North 400 East, Suite 101, Logan, Utah 84341 - (435)753-2842 - Fax (435)787-2330

Patient Data

Referring Physician \_\_\_\_\_ Account# \_\_\_\_\_
Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Marital Status \_\_\_\_\_
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_
Occupation \_\_\_\_\_ Employer \_\_\_\_\_
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Responsible Party/Spouse

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_
Birthdate \_\_\_\_\_ Age \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Employer \_\_\_\_\_
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Who should we notify in case of an emergency? Name \_\_\_\_\_
Relationship to Patient \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Primary Insurance \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_
Subscriber Name \_\_\_\_\_ Group Number \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Business Phone \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_
Subscriber Name \_\_\_\_\_ Group Number \_\_\_\_\_

Was this a work related injury that is covered by Workers Compensation Insurance? Yes No

Name of Workers Compensation Insurance \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize the release of any medical information to process insurance claims for any services rendered to me by Cache Valley Imaging and authorize payment of medical benefits directly to them. I understand I am financially responsible for payment for medical service received from Cache Valley Imaging.

X
Signature \_\_\_\_\_ Date \_\_\_\_\_