

Accident History

Patient's Name: _____ Date: _____

Did you sustain an injury at work? **Y** **N**

Are your injuries accident related? **Y** **N**

If yes, was the accident at...Work Auto Home Other Date of injury: _____

If yes, please give a description of the incident:

Have you ever served in the military? **Y** **N**

Are you covered under an employer or union policy? **Y** **N**

Are you covered under any other health care plan? **Y** **N**

Have you made any changes to your choice of Medicare options in the last open enrollment period? **Y** **N**

Are you enrolled in a Medicare Enrollment Plan? **Y** **N**

Are you under any pre-existing waiting period with your insurance plan? **Y** **N**

Medical Records Consent: I authorize Gulf Coast MRI & Diagnostic to release any medical records to my physicians, third party payors, including but not limited to insurance companies, workers' compensation, and other parties.

Assignment of Benefits: I authorize an irrevocable assignment of benefits, to be paid directly to Gulf Coast MRI & Diagnostic under said insurance policies including major medical by reason of services rendered therein. I understand that I am financially responsible for all charges whether or not paid by my insurance. A photographic copy of this authorization will serve the same purpose as the original.

Who is responsible for this bill?

I have received services by a provider for the condition for which I seek treatment today and I will disclose any necessary information to my insurance carrier necessary to resolve any issues they may have. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for and services rendered. I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information.

Patients/ Guardians Signature: _____ Date: _____ / _____ / _____