



RAMAPO DIAGNOSTIC IMAGING
 11 NORTH AIRMONT ROAD
 SUFFERN, NY 10901
 Phone (845) 357-7245
 Fax (845) 357-7907

NEWBURGH
 320 ROBINSON AVENUE
 NEWBURGH, NY 12550
 Phone (845) 565-3664
 Fax (845) 565-3617

MONROE
 505 ROUTE 208
 MONROE, NY 10950
 Phone (845) 783-3444
 Fax (845) 783-9561

PET/CT IMAGING OF RAMAPO RADIOLOGY
 POMONA PROFESSIONAL PLAZA, 972 ROUTE 45
 POMONA, NY 10970
 Phone (845) 354-8909
 Fax (845) 354-8910

Patient Last Name: _____ First Name: _____ Middle Initial: _____

Patient Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____ Male/Female Date of Birth: _____
 (Circle One)

E-Mail Address: _____

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Insurance Holder/Guarantor: _____
 (Last Name) (First Name) (Initial)

Insured's Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Insured's Date of Birth: _____ Male/Female Insured's Telephone #: _____ SS#: _____
 (Circle One)

ASSIGNMENT OF BENEFITS

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE/OTHER INSURANCE CARRIER BE MADE ON MY BEHALF TO ORANGE RADIOLOGY ASSOCIATES, P.C., RAMAPO RADIOLOGY ASSOCIATES, P.C. OR SUFFERN RADIOLOGY ASSOCIATES, P.C. FOR SERVICES FURNISHED TO ME BY THE PROVIDER. I ALSO AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NEEDED TO DETERMINE THESE BENEFITS PAYABLE FOR RELATED SERVICES.

Patient/Guardian Signature: _____ Date: _____
 (Must be 18 years of age or older or signed by guardian)

RAMAPO RADIOLOGY ASSOCIATES, P.C. PRIVACY NOTICE

Acknowledgement of Review of Privacy Notice

I acknowledge that I have reviewed the Privacy Notice.

Patient/Guardian/Personal Representative Signature: _____ Date: _____

If Personal Representative's signature appears above, please describe the relationship to the patient:

PATIENT AUTHORIZATION

Should you need your records and were not available to pick them up yourself, please list who would be authorized to do so. I, _____ authorize Ramapo Radiology Associates, P.C. to release information regarding my care to the following individual(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Specific information being discussed: _____