



Marietta Imaging Center

The shortest distance between a referral and a report

Marietta Health Park
780 Canton Road, Suite 230
Marietta, GA 30060
Phone: 770-792-1234, Fax 770-792-8013

PATIENT REGISTRATION

PATIENT INFORMATION (Please Provide a copy of a Valid ID) Please Print		
Patient Last Name:	First Name:	MI
Sex: M F	Date of Birth:	Social Security Number:
Street Address:		Home Phone:
City:	State:	Zip Code:
Marital Status: (circle one) Single Married Widowed Divorced Legally Separated		
Is visit related to Accident or Injury? Yes ___ No ___ If yes, Date of Accident or Injury _____		
Do you have a Living Will or Advanced Directives? Yes ___ No ___ Please provide a copy or advise our staff.		
Have you been an inpatient or a patient in a "skilled nursing facility" in the last 30 days? Yes ___ No ___		
**** FEMALES: Is there any possibility that you could be pregnant? Yes ___ No ___		
Ordering Physician:		
Employer:		
Employment Address:		
Employer Phone:		
Guardian / Spouse's Name:		
Date of Birth:	Social Security Number:	
Employer:		
Employer Phone:		
Emergency Contact (Other than Spouse) Name:		
Address:		
Phone:		
Insurance Information		
Primary Insurance Company:		
Name of Insured:	Date of Birth:	Relation to Patient:
Social Security #:		
Additional Insurance Company:		
Name of Insured:	Date of Birth:	Relation to Patient:

I hereby authorize Marietta Imaging Center to utilize my personal health information to diagnose, treat and obtain payment for services rendered.	
I authorize payment directly to Marietta Imaging Center of any insurance policy benefits payable to me, and I hereby assign all such policy benefits.	
I understand I am financially responsible for all charges not covered by insurance, as well as all co-payments required by insurance.	
Patient Signature / Or Parent if Minor	Date