

Enhanced Medical Imaging of Elgin, LLC
 750 Fletcher Drive Ste 101
 Elgin IL 60123

		TODAY'S DATE:	
SECTION A			
PATIENT DEMOGRAPHICS			
LAST NAME:		HOME PHONE #: ()	
FIRST NAME:	M.I.:	WORK PHONE #: ()	EXT#
PHYSICAL STREET ADDRESS:		CELL PHONE #: ()	
MAILING ADDRESS:		DATE OF BIRTH:	
CITY:	STATE:	SOCIAL SEC#:	
ZIP CODE:	SEX: M / F	MARITAL STATUS: Married Single Widowed Divorce	
EMPLOYED: YES / NO / RETIRED		REFERRING PHYSICIAN'S FIRST AND LAST NAME:	
EMPLOYER:		FIRST NAME:	
JOB TITLE:		LAST NAME:	
E-MAIL ADDRESS:		REF. PHYSICIAN'S PHONE #: ()	
REASON FOR TODAY'S VISIT (YOUR MAJOR COMPLAINT)			
Is today's visit due to a WORKERS' COMPENSATION injury? YES / NO			
If yes, please complete all questions in Section D on Page 2 of this document.			
Is today's visit due to a MOTOR VEHICLE ACCIDENT / or personal injury caused from a third party? YES / NO			
If yes, please complete all questions in Section E on Page 2 of this document.			
SECTION B			
BILLING INFORMATION (Please supply our receptionist with all cards so copies can be made.)			
PRIMARY HEALTH INSURANCE INFORMATION:		SECONDARY HEALTH INSURANCE INFORMATION:	
Insurance Name:		Insurance Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone#:		Phone#:	
Group Name or #:		Group Name or #:	
Insured Party ID#:		Insured Party ID#:	
Policy Date Effective:		Policy Date Effective:	
Who's Insurance is this: Self / Spouse / Parent		Who's Insurance is this: Self / Spouse / Parent	
If Spouse or Parent, their name:		If Spouse or Parent, their name:	
Insured's Date of Birth: (REQUIRED)		Insured's Date of Birth: (REQUIRED)	
Insured's Employer:		Insured's Employer:	
This this an employer insurance plan? YES / NO		This this an employer insurance plan? YES / NO	
**If you have a 3rd Health Insurance Company, please fill out Section C on Page 2.			
EMERGENCY CONTACT NAME:			
EMERGENCY PHONE #:		RELATION TO YOU:	

ATTENTION PATIENTS: ALL DEDUCTIBLE AND COPAY AMOUNTS ARE DUE AT THE TIME OF SERVICE.
 *** WE ACCEPT VISA, MASTERCARD, AMER EXPRESS, DISCOVER, PERSONAL CHECKS AND CASH ***