SCHONHOLZ and DROSSMAN, LLP

PATIENT REGISTRATION FORM

Have you been to our office before: ☐ Yes ☐ No If so, when? _____

Last Name: _____ Home Telephone: ( ) _____

First Name: _____ MI: _____ Cell Tel: ( ) _____

Address: _____ Date of Birth: _____ Age: _____

City : _____ State: _____ Social Security No.: _____

Zip Code: _____ Sex: _____ Referring Physician: _____

Email Address : _____

We only use email addresses for notifications pertaining to appointments. Please know that we do not share our patients' information with anyone. Thank you.

For ALL exams, first day of last menstrual period (if applicable): _____

Type of examination scheduled for today: _____

IF YOU ARE A MEDICARE PATIENT, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Medicare Number: _____ Is Medicare your Primary Carrier: ☐ Yes ☐ No

Supplementary Carrier: _____ Policy Number: _____

MEDICARE GUIDELINES REQUIRE THAT ALL PATIENTS SUBMIT A REQUEST FROM THEIR REFERRING PHYSICIAN INDICATING THE EXAMINATION TO BE PERFORMED AND THE DIAGNOSIS NECESSITATING THE EXAMINATION(S)

If Medicare is your secondary carrier (TEFRA) please provide us with your primary carrier's information:

Primary Carrier: _____ Policy Number: _____ Group _____

NOTE: OUR FACILITY DOES NOT PARTICIPATE WITH MANAGED CARE OR COMMERCIAL INSURANCE PLANS. YOU WILL BE PROVIDED WITH A PAID STATEMENT YOU CAN SUBMIT TO YOUR CARRIER FOR REIMBURSEMENT ACCORDING TO YOUR PLAN'S GUIDELINES.

If you require copies of your results (written report) to be sent to another physician in addition to your referring physician, please provide us with his/her name and address:

Dr.'s Name: _____ Address: _____

City _____ State: _____ Zip Code: _____

BREAST IMAGING PATIENTS ONLY: Have you ever had a mammography before? ☐ Yes ☐ No

If so, when? _____ Where? _____

We advise our patients to submit outside images to us prior to the appointment. Have you provided us with those images so they are available to us today for comparison with the new study? ☐ Yes ☐ No

If not available today, please inform our receptionist and she will provide you with a release form for you to request your prior images from the outside facility where the examination was peformed. Thank you.