ZILKHA RADIOLOGY

Long Island Magnetic Resonance Imaging, P.C.
Long Island Medical Imaging, P.C.
Long Island Medical Diagnostic Imaging, P.C.

369 EAST MAIN STREET; SUITE 18
EAST ISLIP, NY 11730
(631) 277-1600 /FAX (631) 277-1638

1161 MONTAUK HIGHWAY
WEST ISLIP, NY 11795
(631) 669-1717 /FAX (631) 669-2227

Patient Name ____Date of Birth ______________

Social Security # ____________________ Sex: **Male** **Female**

Street _________________________________Town _______________ State _____ Zip ___________

Home Telephone # ________________ Mobile # ____________ Email ___________________________

Employer ____ Work Telephone # __________________

Please circle or answer:

1. Race: **African American** **American Indian** **Asian** **Pacific Islander** **Hispanic** **White** **Declined**
2. Primary Language Spoken: ______________________ **Declined**
3. Ethnicity as defined by the US Census Bureau: **I am Latino/Hispanic** **I am not Latino/Hispanic** **Declined**

Primary Insurance ____________________________Policy # ________________ Group # _____________

Policy Holder (If not yourself) __________________________ Relationship **Spouse** **Parent** **Dependent** **Other**

Policy Holder's: Date of Birth ____________ Social Security # _____________ Employer ____________

Secondary Insurance __________________________Policy # ________________ Group # _____________

Policy Holder ___________________ Date of Birth _______ Relationship **Spouse** **Parent** **Dependent** **Other**

Is this condition Employment Related? **YES** **NO** **Automobile Accident**? **YES** **NO**

Workers Compensation & No-Fault Only:

Insurance Carrier ____________________________________ Date of Accident/Injury ________________

Insurance Carrier Address ____

Policy Number ________________ Claim Number _______________ Policy Holder __________________

Claims Adjuster & Number ____

I state that the information listed above is accurate to the best of my knowledge.

Patient or Legal Guardian Signature ___________________________________ **Date** _______________

July 31, 2013