



Housatonic Valley Radiological Associates

67 Sand Pit Road, Suite 105
Danbury, CT 06810
Tel: (203) 797-1770

Conrad P. Ehrlich, M.D.

Medical Director

Jeffrey L. Stein, M.D.

Community Based Imaging Excellence for Over 25 Years

Accredited by the American College of Radiology

PATIENT INFORMATION

Name (last) _____ (first) _____ (mi) _____
 Date of Birth _____ SS# _____ Sex (M/F) _____ Age _____
 Mailing Address _____ P.O. Box _____
 City _____ State _____ Zip _____ Home Phone # _____
 Employer's Name _____
 Address _____ P.O. Box _____
 City _____ State _____ Zip _____ Work or Cell # _____ Ext _____
 Referring Physician _____
 Copies of Report to (1) _____ (2) _____ (3) _____
 In Case of Emergency, contact: _____

If You Are a Personal Injury Patient:
 Date of Accident _____ Attorney's Name _____

INSURANCE INFORMATION MUST BE FILLED OUT AND SIGNED WITH EACH VISIT FOR US TO LEGALLY FILE YOUR INSURANCE

Primary Insurance _____ ID # _____ Group # _____
 Employee/Subscriber's Name _____ Relationship _____
 Date of Birth _____ SS# _____ Sex (M/F) _____ Age _____
 Employer's Name _____ Phone # _____ Ext _____
 Secondary Insurance _____ ID # _____ Group # _____
 Employee/Subscriber's Name _____ Relationship _____
 Date of Birth _____ SS# _____ Sex (M/F) _____ Age _____
 Employer's Name _____ Phone # _____ Ext _____

I request that payment of authorized Medicare / Insurance Benefits be made on my behalf to the provider for services furnished to me. HVRA and its entities are hereby authorized to release or obtain any medical records to or from another facility or healthcare provider either by mail or electronically. I understand that it is my responsibility that all referrals and/or pre-certifications needed for tests as required by my insurance carrier are furnished to HVRA and its entities. If I have a test done without obtaining all that is required, I agree to be responsible for the payment to HVRA and its entities, which perform the test(s). I hereby release HVRA and its entities of responsibility for claims denied for whatever reason. I understand that I am responsible for any co-payment, deductible or fees related to services not covered by my insurance carrier. I further understand that there is a charge for copies of films and mailing fees of said films. Original films are the property of HVRA and its entities, which are required by law to maintain these films in their permanent files.

Signature _____ Date _____

HVRA-Danbury
HVRA-Southbury
HVRA-New Milford

67 Sand Pit Rd, Danbury, CT 06810
800 Main Street South, Southbury, CT 06488
131 Kent Rd, New Milford, CT 06776

Tel: (203) 797-1770
Tel: (203) 262-6797
Tel: (860) 355-4212

Fax: (203) 207-3242
Fax: (203) 262-6006
Fax: (860) 355-4266