BAPTIST M&S IMAGING

Name (PRINT)

Account Number

AUTHORIZATION TO PERFORM EXAMINATION(S) FOR DIAGNOSTIC PURPOSES

I hereby authorize Baptist M&S Imaging (V.H.S. San Antonio Imaging Partners, LP) to perform the examination(s) ordered by my physician for diagnostic purposes. I further understand that only my physician can inform me of the results of said examination(s). If executing this document on behalf of the patient, I certify that I have the authority to do so.

→ Signature of Patient or Personal Representative | Relationship | Date

Witness | Date

MEDICAL RELEASE/ASSIGNMENT OF BENEFITS

I hereby authorize payment of all health insurance benefits to Baptist M&S Imaging and allow assignee to release all information necessary to secure payment. I agree that a photocopy of this authorization shall be considered as effective and valid as the original. I understand that I am legally responsible for all charges incurred whether or not they are paid by my health insurance, and that any unpaid balance shall be due in full IMMEDIATELY if insurance proceeds are paid directly to me. I hereby authorize release of my medical records, inclusive of all test results and pertinent information acquired during my treatment, to/from other physicians as deemed necessary.

→ Signature of Patient or Personal Representative | Relationship | Date

ACKNOWLEDGEMENT – RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I acknowledge receipt of the provider's Notice of Privacy Practices.

→ Signature of Patient or Personal Representative | Relationship | Date

For Office Use Only :

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to _____accept Notice _____ sign Acknowledgement

Communication barriers prohibited obtaining the acknowledgement_____

Other (Please specify):_____

Baptist M&S Imaging Representative Signature | Date