

Fax this form to Greensboro Radiology 336-274-8097 or email to customerservice@gsorad.com.

Please provide the information below if you need to update your insurance coverage:

Patient Name: _____

Date of Birth: _____

Patient Account #: _____

Date of Service: _____

Name of Insurance Company: _____

Insurance Company Address for Claims: _____

Insured's Name: _____

Insured's Date of Birth: _____

Insured ID #: _____

Group Name (if applicable): _____

Group # (if applicable): _____