
UROLOGY ASSOCIATES OF NORTHWEST INDIANA, PC

PATIENT INFORMATION

(PLEASE PRINT IN BLACK INK)

DATE: _____

NAME: _____

BIRTHDATE: _____

SS#: _____

SEX: male / female

AGE: _____

HOME PHONE: _____

ALT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CIRCLE APPROPRIATE BOX: MINOR SINGLE MARRIED DIVORCED WIDOW/ER

SPOUSE'S NAME: _____ PHONE #: _____

RACE (PLEASE CIRCLE): WHITE* HISPANIC/LATINO *AMERICAN INDIAN *BLACK/AFRICAN AMERICAN

*ASIAN/PACIFIC ISLANDER * OTHER _____ * PREFER NOT TO ANSWER

REFERRING DOCTOR: _____ PHONE #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

RELATIONSHIP TO PATIENT: _____ ALTERNATIVE #: _____

RESPONSIBLE PARTY / GUARANTOR

INSURED NAME: _____ BIRTHDATE: _____

RELATIONSHIP TO PATIENT: _____ SS#: _____ HOME#: _____

ADDRESS: _____

EMPLOYER: _____ WORK #: _____

EMPLOYER ADDRESS: _____

INSURANCE INFORMATION

(PLEASE GIVE CARD(S) TO RECEPTIONIST)

INS CO: _____ CO INS: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

ID/POLICY #: _____ GRP# _____ ID/POLICY #: _____ GRP# _____

I authorize UROLOGY ASSOCIATES OF NORTHWEST INDIANA, PC to furnish information to my insurance carrier (s) and/or Medicare concerning my medical illness, including drug/alcohol, psychiatric, or AIDS/HIV illness and treatment. I hereby assign to the physician all payments for any medical services rendered to myself and/or my dependents. The guarantor agrees to be responsible for all payments due on services rendered to, or to be rendered to the guarantor and or dependents. All collection cost, including attorney fees for collection of a delinquent account, will be considered delinquent if payer fails to make satisfactory payments every thirty days. Failure on the part of UROLOGY ASSOCIATES OF NORTHWEST INDIANA, PC to pursue legal action upon default shall not be deemed a waiver of any rights herein above described. If necessary, a credit report will be produced at the expense of UROLOGY ASSOCIATES OF NORTHWEST INDIANA, PC.

SIGNATURE: X _____

DATE: _____

I/We agree to all terms and conditions listed.