Advanced Urology Institute, LLC
Patient Information Sheet

Date: _____ **SS #** _____

Date of Birth_____ **Age**_____ **Sex**: ___ M___ F **Ethnicity** __Hispanic/Latino ___ Not Hispanic/Latino

Race: ___White ____**Black or** African American ___American Indian/Alaskan ___ Asian ___**Native Hawaiian** ___

Primary Language_____ **Marital Status**___ Single___ Married___ **Divorced**___ Widowed___ Separated

Pt. Name _____
Last Name First Name MI

Address: _____City_____St _____ Zip_____

Summer/Winter Address: _____City_____St_____Zip_____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

***Email** _____ **Employer Name**_____

Primary Physician: _____ **Referring Physician**: _____

Pharmacy:_____ ***Location***: _____ ***Phone No.*** _____

Emergency Contact _____ ***Address*** _____***Phone #***_____

Spouse's Name _____ **DOB** _____ SS #_____

Address: If different than above _____City_____St _____ Zip_____

Home # _____ Cell # _____ Work # _____

Financially Responsible Party: _____**Relationship**_____

Primary Ins. Co. _____ Phone _____
Policy Subscriber Name _____ **DOB** _____
Relationship to Pt._____SS # _____Policy # _____ Group # _____

Secondary Ins. Co. _____ Phone _____
Policy Subscriber Name _____ **DOB** _____
Relationship to Pt._____SS # _____Policy # _____ Group # _____

Third Ins. Co. _____ Phone _____
Policy Subscriber Name _____ **DOB** _____
Relationship to Pt._____SS # _____Policy # _____ Group # _____
_____ Phone _____

Authorization to Release Medical Information
I hereby authorize the above physician to release any information Necessary to process my insurance claim.

Authorization to Pay Benefits.
I hereby authorize lifetime payment of medical benefits to The above named physician/medical group

Payment for services is expected at the time of service, unless advance payment arrangements have been made. **Insurance is filed as a courtesy**, It does not eliminate the patient's responsibility for payment. I certify the information I have provided is correct.

_____ _____
Patient Signature Date