SUMMIT UROLOGY

Please do not leave any line blank. If it does not apply to you, please write N/A. All information is required for billing purposes. Thank you for your cooperation.

Last Name: __________________________ First Name: __________________________ MI:____________

Street Address: ____

City: _________________________________ State: _______________________ Zip Code: _____________

Home Phone: ( ) ______-_______ Work Phone: ( ) _____-_______ Sex: M F

Age: __________ Date of Birth: _____/_____/_____ Social Security #: _____________________________

Employer:________________________ Student: ______ No ______ Yes Full-Time Part-Time
(Circle one)

Referred By: ____________________________ Family Doctor: ____________________________________
(First & Last Name) (First & Last Name)

Primary Insurance: ________________________ Policy #:_________________ Group #: ______________

Subscriber Name: ___________________________ Subscriber Social Security #: ______________________

Subscriber Address: ____

Subscriber Date of Birth: _____/_____/_____ Subscriber Employer: ________________________________

Please circle subscriber's relationship to patient: Self Spouse Parent Guardian

Secondary Insurance: _______________________ Policy #:________________ Group #:_______________

Subscriber Name: __________________________ Subscriber Social Security #: _______________________

Subscriber Address: ____

Subscriber Date of Birth: _____/_____/_____ Subscriber Employer: ________________________________

Please circle subscriber's relationship to patient: Self Spouse Parent Guardian

I authorize payment of medical benefits to Summit Urology for services rendered and authorize release of any medical information necessary to process this claim. I also acknowledge responsibility for payment of all medical fees regardless of any insurance I may have. If, for any reason the account should become delinquent, I agree to pay for all collection and legal fees.

Signature: ____ Date: ______________________

Updated: ____________________