UROLOGY TEAM P.A. **NEW PATIENT INFORMATION**

Today's Date:	Account number:	MD #:

DEAR PATIENT: We have made every attempt to reduce the amount of paperwork that you need to fill out and also make the process more efficient. Your cooperation and correct completion of the information below will assist us in obtaining the information correctly the first time. Please provide a copy of your primary and secondary (if applicable) insurance card to the front desk with your paperwork. THANK YOU

Is your condition a result of a work injury?_____ Or related to an auto accident?_____

PATIENT INFORMATION: **SS #:_____ DL #:_____**

Last name: _____ First name:_____ MI:_____

Address: _____ City: _____ State:_ Zip:__

_____ Phone #: _____ Cell #: _____ Email:_____ DOB:_____

_____ AGE: _____ M: ___ F: ___ Marital Status:_____

Your Employer: _____Occupation:_____

Work Address: _____ City:_____

State/ Zip: _____Work #: _____ Work Email: _____

Emergency Contact: _____ Phone #: _____ Cell #: _____

Patient relationship to primary cardholder: Self:_____ Spouse: _____Other:_____

If you are not the primary cardholder please complete next box.

PRIMARY AND SECONDARY CARDHOLDER INFORMATION: Please complete this section if the patient is not the primary cardholder for their primary and secondary insurance. This information is REQUIRED BY YOUR insurance company for identification of policyholder and correct billing.

Cardholder's name:_____Cardholder's Occupation:_____

Cardholder's Employer: _____Cardholder's work #:_____

Cardholder's SS #: _____Cardholder's DOB: _____

PATIENT REFERRAL INFORMATION: Your insurance company and Urology Team REQUIRE this information. The Urology Team MD utilizes this information to send communication about your care to your referring and primary care physician (if appropriate).

Referring MD: (full name)_____Phone #:_____

Primary care physician: _____Phone #: _____

For office use:

- ❑ **Copy of primary card attached**
- ❑ **Copy of secondary card attached**
- ❑ **Waiver signed and attached**
- ❑ **Referral obtained and attached**
- ❑ **Demographic entered and attached**
- ❑ **Employee Initials _____**