

BELLEVUE UROLOGY ASSOCIATES, INC. PS

REGISTRATION & AUTHORIZATION

Patient's Last Name	Full Legal First Name (not nickname)	MI

Name Exactly as Shown on Insurance Card

Marital Status: Married Single **Gender:** Male Female

Date of Birth	Age	Social Security Number	Spouse's First & Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Messages: Leave on home phone Leave on work phone Send by email Do not leave messages

Occupation	Employer
<input type="text"/>	<input type="text"/>

In case of emergency, contact:	Relationship	Contact's phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Who referred you to our office?	Who is your primary care physician?	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please present your Driver's License & Insurance Card(s) to the Receptionist

Are you currently covered by insurance? Yes ___ No ___ If yes, please complete the following:

Your relationship to the insurance subscriber: Self ___ Spouse ___ Child ___

Secondary insurance? Yes ___ No ___ If yes, insurance name: _____

Financial/Release of Information Authorization

I request that payment of authorized insurance benefits be made on my behalf to Bellevue Urology Associates, Inc. for all services rendered to me by Bellevue Urology Associates, Inc. I understand and verify that I am responsible for and will pay all charges not paid by my insurance. I authorize the release of my medical information to insurance company(s) and/or other users as authorized or required by law. My permission and commitment is valid until I rescind it in writing.

Signature of Patient **Date**

Signature of responsible person if patient unable to sign **Title/Position** **Date**

I, the Patient, reviewed/updated this information on: _____ (date) _____ (date) _____ (date)