PATIENT INFORMATION DATE: _____

Name_____ Gender_____ D.O.B._____ Marital Status _____

Address _____City, State, Zip_____

Home Phone _____ Cell Phone _____ Other Phone _____

Patient E-mail _____

How did you hear about our practice?

_____

Emergency Contact _____Relationship _____ Phone _____

INSURANCE INFORMATION

Primary Insurance Company _____ Subscriber's Name _____

D.O.B. _____ Phone _____ Relationship to Patient _____

Secondary Insurance Company _____ Subscriber's Name _____

D.O.B. _____ Phone _____ Relationship to Patient _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

Keep in mind that your insurance policy is a contract between you and your insurance company in which the doctor is not involved. As a service to you, we will file an insurance claim with your insurance company if you provide us with your current insurance information at your visit.

The patient is responsible for all fees regardless of insurance coverage. It is customary and the expectation of this office to pay at the time of service. These payments are to include any applicable co-payments as required by your insurance company, unless other arrangements have been made in advance of your appointment.

I hereby authorize Tony E. Pinson, M.D. and Pinson Urology Center to furnish information to my insurance carriers concerning my illness and treatment, and hereby assign to the physician all payments for medical services rendered to me or my dependents. I understand that I am responsible for any amount not covered by my insurance plan. I agree to pay all collection agency fees, attorney fees, and court costs associated with the collection of my debt if applicable.

Patient's signature _____ Date_____