

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ SS#: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Type: Home Cell Work

Alternate Phone: _____ Type: Home Cell Work

I authorize Urology of St. Louis to leave test results on my voicemail: YES NO Preferred number: Home Cell Work

Email: _____ I would like my email to be used for contact on Patient Portal: Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

PHYSICIAN/PHARMACY INFORMATION

Primary Care Physician: _____ Phone: _____ Fax: _____

Referring Physician: _____ Phone: _____ Fax: _____

Local Pharmacy: _____ Address: _____ Phone: _____

Mail Order Pharmacy: _____ Address: _____ Phone: _____

AUTHORIZATION TO RELEASE INFORMATION

Initial Below

_____ I authorize another person to receive my **medical** information: _____
Name, Relationship

_____ I authorize another person to receive my **billing** information: _____
Name, Relationship

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION and FINANCIAL POLICY

I hereby authorize this office to furnish information to insurance carriers concerning this illness/accident, and I hereby assign to the physician(s) all payments for medical services rendered to myself or my dependents. I understand that I am financially responsible for all charges whether or not they are covered by insurance or workers compensation. I hereby authorize photocopies of this authorization form to be valid as the original. I consent to disclosure of my medical information to outside agencies for the purpose of providing healthcare services rendered to me. If I fail to obtain a referral, I understand that I am financially responsible. I acknowledge that I have received the mandatory information regarding "Notice of Privacy Practices" (HIPAA).

Signature Date

I have had the chance to review a copy of the Urology of St. Louis **Financial Policy** and have been given the opportunity to ask questions. I agree to comply with its guidelines.

Signature Date