UroSouth
TUCSON UROLOGY

PATIENT REGISTRATION

CURRENT PATIENT INFORMATION (Please Print)	Guarantor Information (To Whom Statements are sent)
Last Name:	Last Name:
First Name:	First Name:
Middle Initial:	Middle Initial:
Address:	Address:
Phone:	Phone
Work Phone:	Date Of Birth:
Sex: **M** **F** Date of Birth:	Relationship To Patient:
SSN:	**EMERGENCY CONTACT INFORMATION**
Email:	Name:
Race: Ethnicity:	Relationship
Preferred Language:	Phone:

RELEASE OF INFORMATION

I authorized (name)_____Phone:_____
to have access to my medical information.

Signed:_____Date:_____

PRIMARY INSURANCE INFORMATION	
Insurance Plan Name:	
Policy Holder (if other than patient)	**Policy Information**
Last Name:	Patient's relationship to policy holder:
First Name:	ID/Certification No:
Middle Name:	Policy/Group No:
Address:	Employer Name:
City: State: ZIP:	
Date of Birth: Sex (circle): **M** **F**	

SECONDARY INSURANCE INFORMATION	
Insurance Plan Name:	
Policy Holder (if other than patient)	**Policy Information**
Last Name:	Patient's relationship to policy holder:
First Name:	ID/Certification No:
Middle Name:	Policy/Group No:
Address:	Employer Name:
City: State: ZIP:	
Date of Birth: Sex (circle): **M** **F**	

Assignment and Release

- I authorize the release of any medical and other information required to process claims for insurance benefits.
- I authorized my insurance to be billed and assign my insurance benefits to be paid directly to the doctor and UroSouth.
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance and any fees are due on the date of service.
- I authorize and give consent for UroSouth to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. If your insurance company does not pay your claim in a timely manner, the balance will be your responsibility.
- I understand that if Urosouth is not contracted with my health insurance or I do not have health insurance I will be charged the cash rate through Forte Medspa.
- I authorize UroSouth to contact me by telephone, text message or email.
- I have read and understand the Notice of Privacy Practices for UroSouth.
- I agree with the policies and procedures of Urosouth.
- I authorize UroSouth to obtain/have access to my medication history.

Signed: _____ Date:_____