ADVANCED UROLOGICAL CARE

435 East 63rd Street, New York, NY 10065
Tel: (212) 535-6690 / Fax: (212) 535-7025 / www.UrologicalCare.com

DATE	ACCOUNT NUMBER

PATIENT ADDRESS		BILLING PARTY ADDRESS or (SAME)	
PATIENT NAME		NAME	
STREET - LINE 1		STREET	
STREET - LINE 2		STREET	
CITY / STATE / ZIP		CITY / STATE / ZIP	
HOME PHONE	BUSINESS PHONE	HOME PHONE	BUSINESS PHONE

PATIENT INFORMATION

SOC. SEC. NO.	HOSPITAL NO.	SEX	DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS: ☐ M ☐ W ☐ D ☐ S

SPOUSE'S NAME	MOTHER'S NAME	FATHER'S NAME

PRIMARY INSURANCE		SECONDARY INSURANCE	
INSURANCE CO. NAME		INSURANCE CO. NAME	
NAME OF POLICY HOLDER		NAME OF POLICY HOLDER	
SOC. SEC. NO. OF POLICY HOLDER		SOC. SEC. NO. OF POLICY HOLDER	
RELATIONSHIP TO POLICY HOLDER: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER		RELATIONSHIP TO POLICY HOLDER: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	
PLAN NO.	GROUP NO.	PLAN NO.	GROUP NO.

RELEASE OF MEDICAL INFORMATION

I authorize the physician to release any information necessary to process this claim.

SIGNATURE - PATIENT OR RESPONSIBLE PARTY	RELATIONSHIP TO PATIENT	DATE

ASSIGNMENT OF BENEFITS

I assign payment of benefits to the physician for services described.

SIGNATURE - PATIENT OR RESPONSIBLE PARTY	RELATIONSHIP TO PATIENT	DATE

REFERRING PHYSICIAN

NAME	PHONE
ADDRESS	

EMPLOYER INFORMATION	EMERGENCY CONTACT
NAME	NAME
ADDRESS	ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP
PHONE	PHONE