

MIDLANTIC UROLOGY
PATIENT REGISTRATION FORM

PATIENT INFORMATION

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home # _____ Work # _____ Cell # _____

E-mail address: _____ Cell Phone Carrier: _____

DOB: _____ AGE: _____ SEX: ___ M ___ F

Marital Status: ___ Married ___ Single ___ Widowed ___ Separated ___ Divorced

Spouse/Partner name: _____ DOB: _____

If minor, name of Parent/Guardian: _____

Employer: _____ Occupation: _____

Emergency Contact Name: _____ Phone # _____

Relationship of Emergency Contact: _____

Referring Physician: _____ Phone # _____

Primary Care Physician: _____ Phone # _____

Local Pharmacy: _____ Phone # _____

Mail Order Pharmacy: _____

Pharmacy Benefit Plan Name (needed for prior authorizations): _____

Explain any special requirements for pharmacy plan – Quantity/Time interval _____

Race: ___ White ___ Black/African American ___ Asian ___ Other

Ethnicity ___ Hispanic ___ Not of Spanish/Hispanic Origin

Primary Language _____

How did you learn about us: ___ PCP/other physician ___ Internet ___ OUR WEBSITE?

___ Family/Friend ___ Insurance Company ___ other

PLEASE SHOW ID CARDS

**INSURANCE
PRIMARY**

Primary Subscriber Name: _____

Subscriber's Social Security Number: _____

DOB: _____ Employer: _____

I.D.# _____ Group # _____

**INSURANCE
SECONDARY**

Subscriber Name: _____

DOB: _____ Employer: _____

I.D.# _____ Group # _____

I hereby authorize MidLantic Urology to furnish my medical or other information to insurance carriers, their intermediaries, my attorney, or another physician's office. I understand that sensitive material from my medical history could be included.

I hereby assign to MidLantic Urology all payments for medical services rendered to myself or my dependents. I understand I have financial responsibility for any amount whether or not paid by insurance.

A copy of this authorization is as valid as the original. This assignment will remain in effect until revoked by me in writing.

Signed: _____ Date: _____