

## Tri City Urology—Patient Information Sheet

Last revised 6/14/06

Patient Name		SSN	Spouse/Partner Name
Pt. Address—Include City and ZIP code		Patient Cell/Home Phone	Spouse/Partner Date of Birth
		Birthdate	Male or Female
Patient Employer	Employer Address	Work Phone	
Usual Provider	Referring Physician		
Guarantor Name	Guarantor Address	Guarantor Phone	
Emergency Contact Name		Emergency Contact Phone	
Primary Insurance Name	Name of Insured	Primary Insured Date of Birth	
Policy or Contract Number	Group Number	Pharmacy and Phone Number Location of Pharmacy	
Secondary Insurance Name	Name—Secondary Insured AND Date of Birth		
Policy or Contract Number	Group Number		
<p><b>Authorization To Pay Benefits To Physician:</b> I authorize Steven L. Jensen, MD, Aditya D. Bulusu, MD, Glenn Kershen, MD, or Abbas Bekhrad, MD to release to my insurance company any information regarding my treatment and diagnosis of my condition that they may consider appropriate to obtain payment for services rendered to me. I also authorize and request such payment to be made directly to these physicians for any amounts due for medical and surgical services. I understand that I am financially responsible for any balance not covered by my insurance or any non-covered benefits, including injections or other laboratory tests necessary to diagnose or treat my condition.</p> <p>If I am also a Medicare patient, I request payment of authorized Medicare benefits be made on my behalf to Tri City Urology, PC, for any services furnished to me. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents needed to determine these benefits payable for related services.</p> <p><b>Acknowledgement of Receipt of Notice of Privacy Practices:</b> The undersigned patient or legally authorized representative of the patient acknowledges that he or she personally received a copy of the Tri City Urology Associate, PC Notice of Privacy Practices on the date indicated below.</p>			
Signed (patient or parent if minor)		Date	