

PATIENT REGISTRATION FORM

PT ACCOUNT# _____

APPT. DATE: _____ TIME: _____

DR CHIBARO: _____ REFERRED BY: _____

CHIEF COMPLAINT: _____

HAS PT SEEN & UROLOGIST BEFORE: _____ IF YES, NAME: _____

HAS PT HAD ANY UROLOGICAL X-RAYS, SCANS, ULTRASOUNDS, OR LAB TESTS DONE: _____ IF YES, PLEASE HAVE THE PATIENT BRING TEST RESULTS OR FILMS WITH THEM.
TESTS DONE: _____

PT NAME _____ DATE OF BIRTH: _____ SEX: _____ M F

ADDRESS _____ MARITAL STATUS: S M W D SEP

ADDRESS: _____ PT EMPLOYER _____

CITY _____ ST _____ ZIP _____ WORK ADDRESS: _____

HOME PHONE _____ WORK PHONE _____

SOCIAL SECURITY # _____ PARENT OR SPOUSE NAME _____

RESPONSIBLE PARTY IF OTHER THAN PT _____

RESPONSIBLE PARTY SOCIAL SECURITY # _____

RELATIONSHIP TO PATIENT: PARENT SPOUSE GUARDIAN OTHER: _____

NEAREST RELATIVE NOT LIVING WITH PATIENT _____

RELATIONSHIP: _____ PHONE _____

PRIMARY INSURANCE _____ SECONDARY INSURANCE _____

m OR CERT# _____ ID OR CERT# _____

GROUP# _____ GROUP# _____

SUBSCRIBER NAME _____ SUBSCRIBER NAME _____

DOES YOUR INSURANCE REQUIRE ANY OF THE FOLLOWING?
PRE ADMISSION NOTIFICATION _____ 24 HOUR NOTIFICATION _____ 2ND OPINION _____

WORKMAN'S COW INJURY _____ YES _____ NO IF YES, DATE OF INJURY _____

CONTACT PERSON AT WORK _____ PHONE # _____

- PATIENT ADVISED OF PAYMENT POLICY AND AGREES TO PAY AT TIME OF VISIT
- PATIENT ADVISED TO BRING REFERRAL FORM AND TO PAY CO-PAYMENT
- PATIENT ADVISED TO BRING SPOUSE FOR THE INITIAL VISIT (VAS CONSULTS)

PAYMENT FOR ALL OFFICE VISITS MUST BE PAID AT THE TIME OF SERVICE

FINANCIAL ARRANGEMENTS FOR ANY SURGERY CHARGES MUST BE MADE PRIOR TO YOUR SURGICAL PROCEDURE. YOU MUST SPEAK WITH THE PATIENT ACCOUNTS MANAGER ABOUT INSURANCE FORMS AND YOUR FINANCIAL RESPONSIBILITIES. .

I RECOGNIZE AND ACCEPT ALL PERSONAL RESPONSIBILITY FOR ALL FEES INCURRED, INCLUSIVE OF ANY ADDITIONAL COLLECTION CHARGES WHEN APPLICABLE. I WILL PAY TODAY'S VISIT IN THE FOLLOWING MANNER:

_____ CASH _____ CHECK _____ MASTERCARD _____ VISA . _____ DISCOVER _____ AMEX

SIGNATURE OF PATIENT AND/OR RESPONSIBLE PARTY

DATE