Advanced Urology Associates of Florida

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7945 Bay St. #4 Sebastian, FL 32958 (772) 388-0239
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215 Nebraska Avenue, Suite 1E, Ft. Pierce, FL 34950 (772) 465-3403

REGISTRATON INFORMATION

Please Print and Fill Out Completely

Date:_______________ Local Phone:_____________________

Patient Name: (last)__________________________(first)_______________________ (middle)_____________________

Responsible Party (if patient is a minor):____

Street Address (Florida): ____

City:_____________________ State:______________ Zip:___________ Phone:___________________________

Mailing Address (Florida): ____

City:_____________________ State:______________ Zip:____________ Phone:__________________________

Out of Town Address: ____

City:_____________________ State:______________ Zip:____________ Phone:__________________________

Sex: _____M _____F Age:_____ Date of Birth :______/______/_____ Social Security # :_______-______-_______

Married:________ Single:________ Widowed:_______ Divorced: ________ Employed: ________ Retired: ________

Occupation: _____________________________ Business Name: ____

Business Address: ____ Business Phone: _____________________

Insured Name:_____________________________ Date of Birth:_____/______/_____ SS#: ____________________

Insured: Employed: ________ Retired: ________ Business Name: _______________________________________

Insurance: ________ Commercial Insurance ________ Medicare ________ Secondary Ins. _____________________

Medicare # ____________________________________ Medicaid # ____

Insurance Co. Name (if Medicare is PRIMARY enter SECONDARY): ____

Policy or Group #: _____________________________ Certificate or ID #: ____________________________________

Reason For Today's Visit : ____

Referred By : ____

I authorize the release of any medical information necessary to process insurance claims made on my behalf by Advanced Urology Associates of Florida, PL. I also request payment of Government benefits to the party who accepts assignment:

Patient Signature: ____ Date: ____________________

*** **NOTE**: *Filing of insurance claims on your behalf is provided as a courtesy without charge and in no way relieves you of financial responsibility for your bill.*