

UROLOGY ASSOCIATES OF MOBILE, P.A.

ENTIRE FORM MUST BE COMPLETED—WE WILL BE GLAD TO ASSIST YOU

NAME OF PATIENT _____ MARITAL STATUS: S M D W
Last First Middle

PATIENT'S SOCIAL _____ DATE OF BIRTH _____ AGE _____

RACE _____ ETHNICITY: HISPANIC/LATINO NOT HISPANIC/LATINO OTHER

MAILING ADDRESS _____
Street City State Zip

CELL PHONE _____ HOME PHONE _____ EMAIL _____

EMPLOYED BY _____ EMPLOYMENT PHONE _____

SPOUSE NAME _____ SPOUSE DATE OF BIRTH _____

RESPONSIBLE PARTY INFORMATION (IF OTHER THAN THE PATIENT-IN CASE OF MINOR OR GUARDIAN)

RESPONSIBLE PARTY NAME _____ SOCIAL _____

RESPONSIBLE PARTY ADDRESS _____

HOME PHONE _____ CELL _____ WORK PHONE _____

REFERRING PHYSICIAN _____

NAME OF PRIMARY INSURANCE _____

NAME OF SECONDARY INSURANCE (IF APPLICABLE) _____

PLEASE GIVE THE NAME AND NUMBER OF SOMEONE (NOT LISTED ABOVE) THAT WE MAY CONTACT IF WE CANNOT REACH YOU.

I GIVE MY CONSENT FOR UROLOGY ASSOCIATES OF MOBILE, PA TO CONTACT OTHER PHYSICIANS REGARDING MY MEDICATIONS. YES _____ NO _____

I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME RELEASE TO MY INSURANCE COMPANY OR THE SOCIAL SECURITY ADMINISTRATION AND HEALTH CARE FINANCING ADMINISTRATION ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICAL CLAIM. I REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS EITHER TO MYSELF OR UROLOGY ASSOCIATES OF MOBILE, P.A. ON ANY BILLS FOR SERVICES FURNISHED TO ME. I UNDERSTAND THAT SOME SERVICES ARE CONSIDERED "NON-COVERED" AND MY INSURANCE PLAN WILL NOT PAY FOR THEM. I WILL ASSUME THE RESPONSIBILITY FOR PAYMENT OF ANY "NON-COVERED" SERVICES.

AGREEMENT TO PAY: I THE UNDERSIGNED, ACCEPT THE FEE CHARGED AS LEGAL AND LAWFUL DEBT AND AGREE TO PAY SAID FEE INCLUDING ANY/ALL COLLECTION AGENCY FEES, (33.33%), ATTORNEY FEES, AND/OR COURT COSTS IF SUCH BE NECESSARY. WAIVING NOW AND FOREVER THE RIGHT TO CLAIM EXEMPTION UNDER THE CONSTITUTION AND LAWS OF THE STATE OF ALABAMA, OR ANY OTHER STATE.

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE: YOU AGREE, IN ORDER FOR US TO SERVICE YOUR ACCOUNT OR TO COLLECT MONIES YOU MAY OWE, WE AND/OR OUR AGENTS MAY CONTACT YOU BY TELEPHONE AT ANY TELEPHONE NUMBER ASSOCIATED WITH YOUR ACCOUNT, INCLUDING WIRELESS TELEPHONE NUMBERS, WHICH COULD RESULT IN CHARGES TO YOU. WE MAY ALSO CONTACT YOU BY SENDING TEXT MESSAGES OR EMAILS, USING ANY EMAIL ADDRESS YOU PROVIDE TO USE. METHODS OF CONTACT MAY INCLUDE USING PRE-RECORDED/ARTIFICIAL VOICE MESSAGES AND/OR USE OF AUTOMATIC DIALING DEVICE, AS APPLICABLE.

I/WE HAVE READ THIS DISCLOSURE AND AGREE THE UROLOGY ASSOCIATES OF MOBILE, ITS EMPLOYEES AND/OR AGENTS MAY CONTACT ME AS DESCRIBED ABOVE.

SIGNATURE _____ DATE _____