

Arizona Urologic Specialists
6252 East Grant Rd, Suite 150
Tucson, AZ 85712-5803
Tel: 520.733.3030
Fax: 520.733.1177

Patient Information

Name Last: _____ First: _____ MI. _____

Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

Home Tel. # _____ Work Tel. # _____ Status: S M W D

SS# _ _ - _ - _ - _ - _ Male _____ Female _____ Birthday ____ / ____ / ____

Employer: _____ Primary Care Physician: _____

Insurance Information

Policyholder Name: _____ Birthday ____ / ____ / ____

Primary Insurance: _____

Policy ID # _____ Group # _____

Effective Date: _____ Phone # _____ Co-Pay \$ _____

Address: _____

Pharmacy Preference _____ Phone # _____

Hospital Preference _____ Phone # _____

Secondary Insurance: _____

Policy ID # _____ Group # _____

Effective Date: _____ Phone # _____ Co-Pay \$ _____

Address: _____

Emergency Contact

Name: _____ Phone # _____

Address: _____

PLEASE READ AND SIGN: I authorize the release of any medical or other information necessary to process any claims on my behalf. I also authorize payment of medical benefits (including Medigap if applicable) to the physician or supplier for services rendered. I fully understand that I am financially responsible for all charges incurred if my insurance company denies payment for any services or supplies rendered in good faith by my physician.

Signature

Dates