Tennessee Urology Associates, PLLC

Today's Date____________________ **Chart #**__________________________ **Physician**______________________________

(Above Information to be Completed by Physician Office Staff)

PATIENT INFORMATION (please print)

Patient Name____ **SSN**______________________________
First MI Last

Address____
Route or Street Box # Apt# City State Zip

Phone : Home ☐ ________________________ **Cell** ☐ ____________________ **Work** ☐ ______________________

(Please check box preceding phone number that is your preferred contact number)

DOB________________________ **Age**________ **Sex**: Male ☐Female ☐**Marital Status**: S ☐ M☐ D ☐ W☐ Sep☐

Place of Employment____**Occupation**__________________________

Spouse _______________________________________**Best Contact Phone #** _____________________________________

Emergency Contact __________________________ **Phone Number**: ____________________**Relationship**_______________

Would you like to have access to our Patient Portal? Yes ☐ **No** ☐

Email Address____

INSURANCE COVERAGE

Primary insurance______________________________ Policy #_________________________Group # ___________________

Policy Holder____ DOB (of policy holder) ______________________________

Secondary insurance___________________________Policy#___________________________Group #___________________

Policy Holder____ DOB (of policy holder)_______________________________

Referring Physician or PCP____

Pharmacy Name____**Phone**_________________________________

Patient's or Authorized Person's signature:
I authorize the release of any medical information necessary to process this claim. I authorize payment or medical benefits to the undersigned physician or supplier for the service incurred. **I ALSO AGREE TO PAY IN FULL ALL CHARGES INCURRED IN MY CARE WITHIN 60 DAYS FOLLOWING SERVICE**. At 60 days, all outstanding insurance balances will be transferred to patient responsibility.

Signed____ **Date** ______________________________

Thank You for Trusting Tennessee Urology Associates with Your Care!