UROLOGIC SOLUTIONS
AFTAB HUSAIN, M.D., P.A.
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PATIENT INFORMATION FORM

DATE:_____

PRIMARY DOCTOR:_____ CARDIOLOGIST:_____

ALLERGIES: _____ PHARMACY_____

MALE/FEMALE

LAST NAME:_____ FIRST NAME:_____ M.I_____

DATE OF BIRTH:___/____/____ AGE:_____ SOCIAL SECURITY:_____

ADDRESS:_____CITY:_____STATE_____

ZIPCODE:_____ E-MAIL:_____

HOME PHONE:_____ MOBILE:_____OTHER:_____

MARITAL STATUS: S__M__D__W__ NAME OF SPOUSE:_____

IN CASE OF AN EMERGENCY NOTIFY:_____

TELEPHONE:_____ RELATIONSHIP:_____

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ASSIGNMENT OF BENEFITS

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO MYSELF OR THE NAMED PROVIDER FOR PROFESSIONAL SERVICES RENDERED.

RELEASE OF INFORMATION:

I AUTHORIZE THE RELEASE OF MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM.

SIGNATURE:_____DATE:_____

DATE: _____

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FINANCIAL CONSENT

I, _____, understand that I am or will be responsible for all

charges associated with today's visit and any subsequent visits relating to the diagnosis, testing and treatment of any and all conditions, including but not limited to the following items:

- NO REFERRAL AT THE TIME OF VISIT: If you did not bring a valid referral at the time of your visit and still wish to be seen, you will be responsible for all charges. It is your duty to know if your insurance requires a referral for specialists.
- DEDUCTIBLE: You are responsible to pay your deductible. If a claim is applied towards your deductible, it is your responsibility to pay it. There will be no exceptions made to this.
- COPAYMENTS: All copayments are due at the time of your visit, before you are seen.
- NO INSURANCE: You will be responsible for all associated with all types of visits. This includes Physician consultations, follow up visits, lab visits, radiology visits, and office procedures.
- WORKMEN'S COMPENSATION: Our office does not accept worker's compensation insurance. Please notify the staff if your visit is related to any worker's compensation. If your insurance carrier does not pay any claims due to worker's compensation, then you are responsible for the bill.
- CHANGES IN INSURANCE: If there is a change in your insurance and you failed to inform the office staff then you are responsible for any denied claims.
- DELINQUENT ACCOUNTS: You may be denied visits to the physician if your account is
- delinquent. In the event that your account is delinquent, you will be responsible for any
- collection fees associated with your account.
- MISSED APPOINTMENTS: In the event that you have missed an appointment and failed to inform the office staff without 24 hour notice, you will be responsible for a $25.00 fee.

SIGNATURE: _____

HIGH BLOOD PRESSURE	
DIABETES	
HIGH CHOLESTEROL	
HIGH TRIGLYCERIDES	
ASTHMA	
ANEMIA	
OSTEOPEROSIS	
HEART DISEASE	
CANCER	
DEPRESSION	
ANXIETY	
OTHER:	

MEDICATION LIST:

_____
_____
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_____

SURGICAL HISTORY:

_____
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