

# Southeast Georgia Urology

2500 Starling St #406  
Brunswick, GA 31520

Telephone: (912) 261-0447  
Fax: (912) 261-1847

## PATIENT INFORMATION FORM

Patient Name: Last		First	MI	Spouse's Name:		
Patient Address: _____		Home Phone: _____		Best time to contact by phone: _____		
City:	State:	Zip:	Cell Phone: _____			
Birthdate: / /	SS#: - -	Height:	Weight:			
Employer:	Position:	Address:	Work Phone:	ext:		
<b>Preferred Urology Office Location:</b> Brunswick St. Marys						
Age: _____	Sex: Male Female	Race: White Black Asian Hispanic Other				
<b>Referring Physician:</b>			<b>Primary Care Physician:</b>			
<b>Preferred Pharmacy:</b>	<b>Street:</b>	<b>City:</b>	<b>State:</b>	<b>Phone:</b>		
<b>CONTACT IN CASE OF EMERGENCY</b>						
Name:	Relationship:	Address:	Home Phone:			
Employer:	Position:	Address:	Work Phone:	ext:		
<b>NEAREST RELATIVE NOT LIVING WITH YOU (OTHER THAN ABOVE)</b>						
Name:	Relationship:	Address:	Home Phone:			
Employer:	Position:	Address:	Work Phone:	ext:		
<b>PARENT / LEGAL GUARDIAN (FOR MINORS ONLY)</b>						
Name:	Relationship:	Address:	Home Phone:			
Employer:	Position:	Address:	Work Phone:	ext:		
<b>PLEASE TELL US HOW YOU LEARNED OF OUR OFFICE?    ___ Friend    ___ Primary Physician    ___ Phonebook</b>						
<b>PRIMARY INSURANCE</b>			<b>SECONDARY INSURANCE</b>			
Name of Insured: _____			Name of Insured: _____			
Insured Birthday	Month:	Day:	Year:	Month:	Day:	Year:
Insurance Company: _____			Insurance Company: _____			
Address Line 1: _____			Address Line 1: _____			
Address Line 2: _____			Address Line 2: _____			
Policy #:			Policy #:			
Group #:			Group #:			
Relation to Insured: _____			Relation to Insured: _____			
Deductible Amount: _____			Deductible Amount: _____			
Co-payment amount: _____			Co-payment amount: _____			



## *Southeast Georgia Urology Associates*

**Allergies:**    **If none.... Please write in "NONE"** \_\_\_\_\_

Aspirin,    Bactrim,    Cipro,    codeine,    Codine,    Compazine,    Demerol,    Erythromycin,    Fish,    Floxin,  
Iodine,    IVP Dye,    Keflex,    Keflex,    Levaquin,    Macrobid,    Morphine,    Motrin,    numerous, see list in chart,  
Penicillin,    Seafood,    Septra,    Sulfa Drugs,    Talwin,    Tetracycline,    Vasotec

**Major Injuries:**        *NONE*    Automobile accident.,    Head injury,    Severe back injury.,    Trauma to kidneys.,

**Major Illnesses:**        *NONE*    arthritis,    asthma,    bladder cancer,    breast-cancer,    cholecystectomy,    chronic  
fatigue,    chronic obstructive pulmonary disease,    COPD,    coronary artery disease,    diabetes,    heart trouble,  
HIV positive,    HX of renal cell carcinoma,    hyperlipidemia,    hypertension,    hypothyroid,    liver  
transplant,    myocardial infarction,    Parkinson's disease,    peripheral neuropathy,    prostate cancer,    renal  
insufficiency,    severe arthritis,    sleep apnea

**Significant Past Operations:**        *NONE*

Male:        TURP    Prostate biopsy    Other: \_\_\_\_\_  
                 \_\_\_\_\_  
Female:    Hysterectomy    Mastectomy    Other: \_\_\_\_\_  
                 \_\_\_\_\_

Reason for appointment today? \_\_\_\_\_

\_\_\_\_\_

# Southeast Georgia Urology Associates

## Review of Systems

### Constitutional Symptoms

Fever	Y	N
Chills	Y	N
Headache	Y	N
Other		

### Eyes

Blurred Vision	Y	N
Double Vision	Y	N
Pain	Y	N
Other		

### Allergic / Immunologic

Hay fever	Y	N
Drug Allergies	Y	N
Other		

### Neurological

Tremors	Y	N
Dizzy Spells	Y	N
Numbness/ tingling	Y	N
Other		

### Endocrine

Excessive thirst	Y	N
Too hot / too cold	Y	N
Tired/sluggish	Y	N
Other		

### Gastrointestinal

Abdominal pain	Y	N
Nausea/vomiting	Y	N
Indigestion / heartburn	Y	N
Other		

### Cardiovascular

Chest pain	Y	N
Varicose veins	Y	N
High Blood pressure	Y	N
Other		

### Integumentary

Skin Rash	Y	N
Boils	Y	N
Persistent itch	Y	N
Other		

### Ear/ Nose/ Throat/ Mouth

Ear infection	Y	N
Sore throat	Y	N
Sinus problems	Y	N
Other		

### Musculoskeletal

Joint Pain	Y	N
Neck Pain	Y	N
Back Pain	Y	N
Other	Y	N

### Genitourinary

Urine retention	Y	N
Painful urination	Y	N
Urination frequency	Y	N
Other		

### Respiratory

Wheezing	Y	N
Frequent Cough	Y	N
Shortness of breath	Y	N
Other		

### Hematologic / Lymphatic

Swollen glands	Y	N
Blood clotting problem	Y	N
Other		

### Psychologic

Are you generally satisfied with your life?	Y	N
Do you feel severely depressed?	Y	N
Have you considered suicide?	Y	N
Other		Y N
		Y N

By signing below I acknowledge that all information on this document is true and complete to the best of my knowledge, and that I understand that this information may be related to my insurance company(s) for processing.

\_\_\_\_\_  
Signature (Parent if Minor)

\_\_\_\_\_  
Date

# *Southeast Georgia Urology Associates*

## **FINANCIAL POLICY**

Payment is due at the time of service. However, as a service to our patients, we will be happy to file your primary and secondary insurance for you. At the time services are rendered, the patient is responsible for payment of the portion their insurance company does not normally pay (ie: your deductible, co-payment, and the percent of the bill not generally covered by insurance.) Once the patient's insurance company has paid their portion, or after we have waited for their payment for 30 days, you will be billed for any remaining charges not yet paid in full.

Each insurance company sets different standards for treatment and reimbursement. Although the majority of our charges fall within most insurance companies' usual customary and reasonable rates, our charges are not based on any one insurance company's fee scale. The patient is financially responsible for any charges not covered by their insurance. (Our physicians do accept Medicare assignment.)

Any medical referral forms, confirmation of insurance coverage, pre-certification, and/or notification of the patient's insurance company are the patient's responsibility. The patient is financially responsible for any charges not covered by their insurance due to failure to obtain the appropriate referral forms / pre-certification, or prior insurance company approval.

### **PATIENTS NOT FILING INSURANCE**

Patients who do not have insurance, do not have proof of current insurance, or do not want us to file their insurance must pay the full balance at the time of service, unless other payment arrangements are made in advance of seeing the doctor. If you do not have insurance, and do not have full payment, please ask to see the office manager before your appointment to make payment arrangements.

### **LAB SERVICES / Insurance Coverage**

Urine and blood specimens are frequently taken during office visits in our facilities, and these specimens are frequently forwarded to an outside, certified lab for analysis. Each insurance company sets different standards for which lab tests they will pay for, and some insurance companies / policies list particular laboratories that they require specimens be sent to receive full coverage (Medicare has no such requirement). If your insurance policy has such a requirement, it is your responsibility to notify the nurse and / or office staff in writing before your appointment.

For the convenience of our patients, we accept payment by VISA, MasterCard, checks, and cash.

I have read and agree to the FINANCIAL POLICY above.

\_\_\_\_\_  
Signature (Parent if Minor)

\_\_\_\_\_  
Date

## **INSURANCE AUTHORIZATION**

I hereby authorize Southeast Georgia Urology Associates, its physicians and staff to release any information to any insurance company processing my claim, including the diagnosis and records in the course of my examination or treatment. I hereby authorize payment directly to Southeast Georgia Urology and/or its physicians of the medical and/or surgical benefits otherwise payable to me but not to exceed the charges made for such treatment. A photocopy of this document is as valid as the original.

\_\_\_\_\_  
Signature (Parent if Minor)

\_\_\_\_\_  
Date