ADVANCED UROLOGICAL CARE

435 East 63rd Street, New York, NY 10065
Tel: (212) 535-6690 / Fax: (212) 535-7025 / www.UrologicalCare.com

DATE	E-MAIL ADDRESS

PATIENT ADDRESS		BILLING PARTY ADDRESS or (SAME)	
PATIENT NAME		NAME	
STREET - LINE 1		STREET	
STREET - LINE 2		STREET	
CITY / STATE / ZIP		CITY / STATE / ZIP	
HOME PHONE	BUSINESS PHONE OR MOBILE PHONE	HOME PHONE	BUSINESS PHONE OR MOBILE PHONE

PATIENT INFORMATION

SOC. SEC. NO.	HOSPITAL NO.	SEX	DATE OF BIRTH	PLACE OF BIRTH	MARITAL STATUS: ☐ M ☐ W ☐ D ☐ S
SPOUSE'S NAME	MOTHER'S NAME	FATHER'S NAME			

PRIMARY INSURANCE		SECONDARY INSURANCE	
INSURANCE CO. NAME		INSURANCE CO. NAME	
NAME OF POLICY HOLDER		NAME OF POLICY HOLDER	
SOC. SEC. NO. OF POLICY HOLDER	DATE OF BIRTH:	SOC. SEC. NO. OF POLICY HOLDER	DATE OF BIRTH:
RELATIONSHIP TO POLICY HOLDER: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER		RELATIONSHIP TO POLICY HOLDER: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER	
PLAN NO.	GROUP NO.	PLAN NO.	GROUP NO.

Language: ☐ **English** ☐ **Spanish** **Other:**

Race: ☐ **American Indian or Alaskan Native** ☐ **Asian** ☐ **Black or African-American** ☐ **More Than One Race** ☐ **Native Hawaiian**
☐ **White** ☐ **Other Pacific Islander** ☐ **Refused to Report/Unreported**

Ethnicity: ☐ **Hispanic or Latino** ☐ **Non-Hispanic or Latino** ☐ **Refused to Report/Unreported**

PHARMACY INFORMATION

Local Pharmacy (Name/City/State/Phone#):______________________________

Mail Order Pharmacy (Name):

REFERRING PHYSICIAN

NAME	PHONE
ADDRESS	

EMPLOYER INFORMATION	EMERGENCY CONTACT
NAME	NAME
ADDRESS	ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP
PHONE	PHONE