

NEW JERSEY CENTER FOR PROSTATE CANCER & UROLOGY

DATE _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____ AGE _____ S M W D
FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ HOME PHONE # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ CELL PHONE # _____
OCCUPATION _____ EMPLOYER _____ WORK PHONE # _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
NEXT OF KIN _____ RELATIONSHIP _____ PHONE # _____

INSURANCE NAME _____ ID # _____ GROUP # _____
ADDRESS _____ IS COVERAGE IN YOUR NAME? _____
IF NO, NAME OF INSURED _____ INSURED'S DATE OF BIRTH _____ RELATIONSHIP TO PT. _____

SECOND INSURANCE NAME _____ ID # _____ GROUP # _____
ADDRESS _____ NAME OF INSURED _____
INSURED'S DATE OF BIRTH _____ RELATIONSHIP TO PATIENT _____

NAME OF YOUR MEDICAL DOCTOR _____ PHONE # _____
ADDRESS _____
HOW WERE YOU REFERRED HERE? _____

AUTHORIZATION TO RELEASE INFORMATION TO OUR MEDICAL / REFERRING DOCTOR: (PLEASE SIGN) X _____
NAME OF PERSON RESPONSIBLE FOR BILL _____ SOCIAL SECURITY # _____
ADDRESS _____ HOME PHONE # _____ WORK PHONE # _____

PHARMACY NAME _____ PHARMACY PHONE # _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I HAVE VIEWED AND READ A COPY OF NEW JERSEY CENTER FOR PROSTATE CANCER AND UROLOGY'S NOTICE OF PRIVATE POLICIES, DETAILING HOW MY INFORMATION MAY BE USED AND DISCLOSED AS PERMITTED UNDER FEDERAL LAW. I UNDERSTAND THE CONTENTS OF THE NOTICE AND I REQUEST THE FOLLOWING RESTRICTIONS CONCERNING THE USE OF MY PERSONAL MEDICAL INFORMATION:

FURTHER, I PERMIT A COPY OF THE AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL AND REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS EITHER TO MYSELF OR THE PARTY WHO ACCEPTS ASSIGNMENT. REGULATIONS PERTIANING TO MEDICAL ASSIGNMENTS OF BENEFITS APPLY.

SIGNED: **X** _____ DATE: _____

IF NOT SIGNED BY PATIENT, PLEASE INDICATE RELATIONSHIP TO PATIENT.

RELATIONSHIP: _____ WITNESS: **X** _____

INTERNAL USE ONLY: IF THE PATIENT'S REPRESENTATIVE REFUSES TO SIGN THE ABOVE, PLEASE DOCUMENT AND SIGN BELOW.

PRESENTED ON (DATE/TIME) _____ BY: (NAME/TITLE) _____