



Patient Registration

Last Name: _____ First Name: _____ MI: _____
Sex: Male Female Date of Birth: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile Phone: _____
**Please circle preferred phone number*
Email: _____

Guardian (if applicable)
Last Name: _____
First Name: _____
MI: _____

Emergency Contact
Name: _____
Relationship: _____
Primary Phone: _____

Patient's Care Team
Primary Care Physician: _____
Referring Physician: _____

Employment
Employer Name: _____
Employer Phone: _____
Occupation: _____

Pharmacy
Local Pharmacy: _____ Mail Order Pharmacy: _____
Address: _____ Address: _____

Race: _____ Ethnicity: _____
Marital Status: _____
How did you hear about us? _____

Guarantor (to whom statements are sent)
Last Name: _____ First Name: _____ MI: _____
Date of Birth: _____ Relationship to Patient: _____

Mailing Address (Check box if same as patient's address)
Address: _____
City: _____ State: _____ Zip: _____



Preferred Lab: _____
Preferred Imaging Facility: _____
Provider at New Jersey Urology: _____
Primary Language: _____

Health Insurance Coverage

Primary Insurance: _____ Subscriber ID: _____
Group Number: _____ Co-Pay Amount: _____
Secondary Insurance: _____ Subscriber ID: _____
Were you injured in a motor vehicle accident? Yes No Were you injured at work? Yes No
Insurance Carrier: _____ Claim Number: _____
Date of Injury: _____ Adjuster's Name: _____
Adjuster's Phone Number: _____ Address: _____
Attorney's Name: _____ Phone: _____ Fax: _____

The above information is true to the best of my knowledge; I authorize my insurance benefits be paid directly to the Physician/Practice. I understand that I am financially responsible for any balance. I also authorize New Jersey Urology, LLC (NJU) or my insurance company to release any information required to process my claims.

In accordance with Horizon BCBS Omnia Plan guidelines, we are required to inform you that NJU is a Tier 1 level practice with the Horizon Omnia Plan.

Patient Name: _____ **Patient Signature:** _____
Guardian/Representative: _____