

ATHENA UROLOGY ASSOCIATES

1500 Oglethorpe Ave. Ste 2000
Athens GA 30606
706-543-6261 706-543-7060 fax
athenaurology.com
ALL INFORMATION IS MANDATORY

PATIENT INFORMATION

Patient Name _____ Social Security # _____ Birthday _____
FULL LEGAL NAME REQUIRED

Home # _____ Work # _____ Cell/Other _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
IF DIFFERENT FROM ABOVE

Male ___ Female ___ Race ___ Marital Status ___ Spouse Name _____ Spouse Employer _____

Patient Employer _____ Occupation _____

Employer Address _____ City _____ State _____ Zip _____

Referring Physician _____ Preferred Pharmacy _____

PARENT OR RESPONSIBLE PARTY INFORMATION

Parent #1 Name _____ Relationship to Patient _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Employer _____ Phone # _____ Social Security # _____

Parent #2 Name _____ Relationship to Patient _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Employer _____ Phone # _____ Social Security # _____

INSURANCE INFORMATION

Name of Insurance Company _____ Phone # _____

Name of Policy Holder _____ Date of Birth _____ Relationship to Patient _____

Policy # _____ Group # _____

ASSIGNMENT OF BENEFITS: I hereby assign all medical and/or surgical benefits to which I am entitled, including major medical, Medicare, Medicaid, private insurance and any other health plan to Oliver Urology Associates, P.C. This agreement will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

PAYMENT IS EXPECTED AT TIME OF SERVICE

A finance charge of 1.5% will be applied to any past due balances.

\$5.00 will be charged for each statement sent.

\$30.00 RETURNED CHECK CHARGE

IF SENT TO A COLLECTION AGENCY, A 40% FEE RECOVERY CHARGE

WILL BE ADDED TO THE ACCOUNT BALANCE

Signature _____ Date _____

