

North DFW Urology

Dr. Nathan Graves Dr. Steven P. Ash Joe Pospisil, PA
1601 Lancaster Drive Suite 170 Grapevine, TX 76051
817-481-7727

- Please present **Insurance Card(s)** and **Photo ID** to the receptionist
- Please be aware that your financial portion will be collected **Prior To Your Scheduled Visit**

Today's Date _____

PATIENT INFORMATION:

FIRST NAME: _____ M.I. _____ LAST NAME _____

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ APT# _____ CITY, STATE, ZIP: _____

PHONE #: _____ CELL # _____ WORK #: _____

EMAIL ADDRESS: _____

MARITAL STATUS (CIRCLE): M S D W GENDER: _____

RACE: CAUCASIAN BLACK HISPANIC ASIAN OTHER _____

ETHNICITY: HISPANIC OR LATINO NOT HISPANIC OR LATINO OTHER _____

****PRIMARY CARE PHYSICIAN: _____ PHONE #: _____**

REFERRING PHYSICIAN: _____ PHONE #: _____

EMERGENCY CONTACT INFORMATION:

IN CASE OF AN EMERGENCY, WHO CAN WE CONTACT: _____

PHONE #: _____ RELATIONSHIP TO PATIENT: _____

INSURANCE INFORMATION:

INSURANCE COMPANY NAME: _____ PHONE#: _____
ID #: _____ GROUP #: _____

SECONDARY INSURANCE COMPANY: _____ PHONE # _____
ID #: _____ GROUP #: _____

GUARANTOR NAME: _____

DATE OF BIRTH: _____ RELATIONSHIP TO PATIENT: _____

PHONE #: _____ EMPLOYER NAME: _____

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE

DATE