

**Urology Associates of Silicon Valley**

2581 Samaritan Drive Suite #200

San Jose, CA 95124

(408) 358-2030

**PATIENT INFORMATION**

LAST NAME		FIRST	MI	BIRTHDATE		SOCIAL SECURITY #	
HOME ADDRESS			CITY/ STATE			ZIP	
HOME PHONE #	WORK PHONE #	CELLULAR #		MARITAL STATUS		SEX	
				<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMAIL ADDRESS		SPOUSE'S NAME		SPOUSE'S CEL #		SPOUSE'S WORK #	

**RESPONSIBLE PARTY INFORMATION**

NAME: LAST		FIRST	MI	HOME PHONE			
ADDRESS		CITY	STATE	ZIP	SOCIAL SECURITY #		
EMPLOYER		OCCUPATION			WORK PHONE		
EMPLOYER ADDRESS		CITY	STATE/ZIP		RELATIONSHIP TO PATIENT		
MOTHER'S NAME		MOTHER'S BIRTHDATE		FATHER'S NAME		FATHER'S BIRTHDATE	

**EMPLOYMENT INFORMATION**

EMPLOYER OR SCHOOL		OCCUPATION			
EMPLOYER ADDRESS		CITY/ STATE/ ZIP			

**EMERGENCY INFORMATION**

NEXT-OF-KIN – Other than spouse			RELATIONSHIP TO PATIENT		
ADDRESS		CITY	STATE	ZIP	PHONE

**INSURANCE INFORMATION**

PRIMARY INSURANCE	SOCIAL SECURITY #	CARDHOLDER			DATE OF BIRTH
GROUP NUMBER		IDENTIFICATION NUMBER			
ADDRESS		CITY	STATE	ZIP	PHONE
SECONDARY INSURANCE		CARDHOLDER			DATE OF BIRTH
GROUP NUMBER		IDENTIFICATION NUMBER			
ADDRESS		CITY	STATE	ZIP	PHONE

WHO REFERRED YOU TO THIS PRACTICE?	WHO IS YOUR PRIMARY CARE DOCTOR?
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**ASSIGNMENT OF BENEFITS / RECORDS RELEASE/ FINANCIAL INTERESTS**

I hereby AUTHORIZE DIRECT PAYMENT to Urology Associates of Silicon Valley of any medical benefits payable to me for the services provided at Urology Associates of Silicon Valley. I also understand that if my insurance plan requires a referral authorization for my appointments, it is my responsibility to obtain a referral prior to appointment. I will be responsible for the unpaid balance due any bills if this is not done.

I hereby authorize Urology Associates of Silicon Valley to RELEASE MY RECORDS to my insurance company and/or primary care physician for the purpose of processing my insurance claims. This authorization shall remain in effect as long as charges are being submitted for insurance claim processing or as long as dictated by payor.

This document serves to inform you that members of Urology Associates of Silicon Valley have beneficial FINANCIAL INTERESTS with some or all of the following medical entities: Northern California Kidney Stone Center, Western Kidney Stone Center (Los Gatos Community Hospital), Los Gatos Surgery Center, Silicon Valley CT and MRI, Valley Ambulatory Surgery Center.

**X** \_\_\_\_\_  
Patient Signature or Signature of Guardian or Parent Date