The Ambulatory Urosurgical Center

Doctor's Name: _____

Patient Account #: _____

Patient's Name: _____ Today's Date: _____
(Last) (First)

Patient's Address: _____
(Address) (Street) (Apt.) (City) (State) (Zip)

Patient's Home Phone #: _____ Cell Phone: _____

Social Security #: _____-_____-_____ Date of Birth: _____

Patient is: ❑ Male ❑ Female Patient is: ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

Patient's Occupation: _____ Employer: _____

Employer's Address: _____ Work Phone: _____

Name of Primary Care Physician: _____

Primary Insurance Company: _____

Policy #: _____ Group #: _____

Name of Policyholder: _____ Relationship to the Patient: _____

Secondary Insurance Company: _____

Policy #: _____ Group #: _____

Name of Policyholder: _____ Relationship to the Patient: _____

Complete this section if you are <u>not</u> the Insurance Policyholder for any insurance listed above.

Policy Holder's Name: _____ Relationship to Patient: _____

Date of birth of Policy Holder: _____ Home Phone #: _____

Employer: _____ Work Phone #: _____

Policy Holder's Social Security #: _____-_____-_____

In Case of Emergency, Please Notify: Name: _____

Contact #: _____

Insurance and Authorization Assignment — The Ambulatory Urosurgical Center — Urological Consultants, P.A.

I hereby authorize this surgery center to apply for benefits on my behalf for covered services rendered. I request payment from my insurance company to be made directly to the above named provider. I certify that the information I have reported regarding my insurance coverage is correct. I authorize the release of any necessary information, including medical information, to my insurance company in order to determine insurance benefits. The authorization may be revoked by either my insurance company or myself at any time in writing.

In the event that the Ambulatory Urosurgical Center does not receive a referral, treatment plan, and/or authorization number for my procedure, I will be held responsible for any payment due.

I agree to be responsible for the balance of any fees my insurance company determines to be my responsibility, including any copay.

Authorized Signature: _____ Date: _____

The staff of The Ambulatory Urosurgical Center wish to make your upcoming visit as comfortable as possible. You will be provided with the highest quality care in a warm, personal setting.

Please read the following information carefully. You will find it helpful in making your procedure a successful experience.

BEFORE YOU COME

- You will be contacted prior to your scheduled procedure to discuss any questions and to confirm your appointment and arrival time. The confirmation/arrival time given by the surgical center may differ from the original scheduled time given by the doctor's office.
- Your final arrival time will be determined by the surgery center.
- Your procedure will be done under local anesthesia. There are no restrictions regarding eating or drinking unless specifically noted by your doctor. We encourage you to eat something before your procedure.
- Take all your usual medications the day of your procedure, unless your doctor tells you otherwise.
- If your physician has ordered medication for the procedure - take as directed.
- Your physician will perform your procedure. You can speak with him after the procedure.

DAY OF PROCEDURE

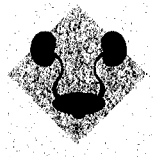
- Bathe or shower the morning of your procedure to minimize the chance of infection.
- Leave all valuables such as jewelry at home.
- **Bring your insurance cards, completed insurance forms and copay (if applicable).**
- Bring x-rays if applicable to your appointment.
- Limit the number of people who accompany you. To maximize the comfort of all visitors, we suggest that adult patients be accompanied, if necessary, by only one person.
- **For the comfort of others, cell phone use is not allowed in the center.**
- **A deposit or copayment may be required** at the time of admission which represents that portion of the facility charge not reimbursed by your insurance company. MasterCard and VISA are accepted. If special arrangements are necessary, please call prior to admission.

RECOVERY PERIOD

- Since your procedure will be performed under local or topical anesthesia, you will be able to leave the center immediately after your procedure.
- You may experience some discomfort for the remainder of the day. You will be instructed by your physician whether you will be able to return to work that day or the following day.

AT HOME AFTER YOUR PROCEDURE

- You will be provided with post-operative instructions regarding diet, rest and medications. In the event of any difficulty, call your doctor in his office or his answering service.
- Do not drink alcoholic beverages for 24 hours after receiving anesthesia or pain medicine.



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Please read the following information carefully. You will find it helpful in making your procedure a successful experience.

BEFORE YOU COME

- You will be contacted prior to your scheduled procedure to discuss any questions and to confirm your appointment. Please do not hesitate to ask any questions, and be sure to let the staff know of any special needs.
- Call your doctor if you develop a cold, fever or respiratory problem before your procedure.
- For women, if there is any possibility that you are pregnant, please notify your doctor.
- You are scheduled for IV sedation or spinal anesthesia, do not eat or drink anything after midnight for a morning procedure. For an afternoon procedure, you may drink clear liquids before 7:00 a.m., then nothing by mouth. This may also apply if you are having local anesthesia. Food in the stomach can cause serious complications and your procedure could be cancelled or postponed. Check with your doctor's office.
- If you are taking medications, for high blood pressure or diabetes, you will be instructed on how to take these medications prior to the procedure.
- **Since you are having IV sedation or spinal anesthesia, you must arrange for someone to drive you home after the procedure**. That person is welcome to stay at the center, or we can contact that person when you are ready to be picked up.

DAY OF PROCEDURE

- Bathe or shower the morning of your procedure to minimize the chance of infection.
- Wear loose, casual clothing and low-heeled shoes. Tight fitting pants are particularly uncomfortable after certain procedures.
- Arrive one half hour prior to procedure time. This will allow adequate time for all necessary admission procedures.
- Leave all valuables such as jewelry at home.
- Remove contact lenses.
- Bring your completed insurance forms or insurance card.
- Limit the number of people who accompany you. To maximize the comfort of all visitors, we suggest that adult patients be accompanied, if necessary, by only one person.
- Do not smoke immediately before or after receiving an anesthetic. Smoking may interfere with the anesthetic and frequently produces nausea during the recovery period.

RECOVERY PERIOD

- If you received IV sedation or spinal anesthesia, you will be moved to our fully equipped recovery room and monitored by our anesthesia staff until you are ready to go home - usually in one or two hours.
- You will be encouraged to drink something before you leave the center.
- Discharge instructions will be reviewed with you and whoever will be with you at home.

AT HOME AFTER YOUR PROCEDURE

- Your doctor will provide post-operative instructions regarding diet, rest and medications. In the event of any difficulty, call your doctor or his answering service.
- Do not drink alcoholic beverages for 24 hours after receiving anesthesia or pain medicine.
- **Plan to have someone at home with you for a day.**

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