



STARKVILLE UROLOGY

GORDON M. CASTLEBERRY, M.D.

1207 HWY 182 W - STE B
STARKVILLE, MS 39759

(662) 324-1097

WWW.STARKVILLEUROLOGY.COM

UPDATE PATIENT INFORMATION

Updated Date:

Legal Name:

Last

First

Middle Initial

How do you wish to be addressed?

Email Address:

Address:

Number

Street

Apt#

City

State

Zip Code

Home Telephone#

Alternate Telephone #

Date of Birth:

Social Security #

Sex: Male Female

Referred by:

Marital Status: (circle one) S M D W Sep

RESPONSIBLE PARTY (IF DIFFERENT FROM ABOVE)

Legal Name:

Last

First

Middle Initial

Relationship to Patient:

Address:

Number

Street

Apt#

City

State

Zip Code

Home Telephone#

Alternate Telephone #

Date of Birth:

Social Security #

Sex: Male Female

EMPLOYER INFORMATION

Occupation:

Employer Name

Address

Telephone #

FAMILY PHYSICIAN AND PHARMACY

Physician's Name

Address

Telephone #

Pharmacy's Name

Address

Telephone #

INSURANCE NAME (PRIMARY)

INSURANCE NAME (SECONDARY)

Subscriber Name

Subscriber Name

Name of Insurance

Name of Insurance

Identification #

Date of Birth

Identification #

Date of Birth

Group Name or Number

Group Name or Number

Relationship to Insured

Relationship to Insured

UPDATE PATIENT INFORMATION

ASSIGNMENT OF BENEFITS

I hereby assign medical and/or surgical payments including major medical benefits to which I am entitled, private insurance and any other health plan to Starkville Urology, A Medical Corporation for services provided by Starkville Urology. This assignment will remain in effect until revoked by me in writing.

A photocopy of this assignment 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 insurances.

I hereby authorize said assignee to release all information to secure the payment

PRIVACY PRACTICES ACKNOWLEDGEMENT

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. You are provided a hard copy of this notice for you to have and we have also provided a laminated copy in our waiting room. Please review it carefully.

FINANCIAL POLICY

PAST DUE ACCOUNTS

If your account balance becomes 180 days past due and you haven't made any arrangements, we will report your account information to the credit bureau. This will give us access to your credit history and affect your credit in a negative way.

INSURANCE - CASH PATIENTS

Patients are financially responsible for services provided and are expected to pay at the time of service. As a courtesy, we will bill your insurance, however, you will need to provide complete billing information at the time of your visit. A copy of your charges, if requested, will be supplied to you so that you may follow up with your insurance company personally.

HMO - PPO PATIENTS

If you are a member of an HMO/PPO, you are required by your health plan to pay a co-payment at the time of your visit. We cannot waive the co-payment amount as a contracted provider. Co-payments will be collected at the time of service. Non-covered services must be paid at the time of the service.

MEDICARE

We are Participating Providers in Medicare, which means that we accept Medicare assignment as payment in full, once your deductible and co-payments have been made. We will bill Medicare for you, as well as your supplemental insurance. You must provide us with valid cards from Medicare and other insurance. Without these documents we cannot bill your insurance and payment will be expected from you at the time of your visit. Deductibles will be paid at the time of service.

RELEASE OF INFORMATION

I hereby authorize the release of medical information to insurance carriers concerning my illness and treatment and I hereby assign to the doctor all payments for medical services rendered to my dependent. I understand I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.

ACCOUNT BALANCE & PAYMENT PLANS

As of 2017, we have a new policy regarding balances on patient's accounts. If a balance is under \$500, you have the option to pay it off in full or pay in 6 monthly installments. If a balance is over \$500, you have the option to pay it off in full or pay in 12 monthly installments.

Signed:

Date:
