



ADVANCED UROLOGY

1555 & 1557 Janmar Road, Snellville, GA 30078
10730 Medlock Bridge Road, Johns Creek, GA 30097
Phone (678) 344-8900 Fax (678) 666-5201
Email: info@urologygeorgia.com

Georgia's Best Urologists

- Jitesh Patel, M.D.
- Mukesh Patel, M.D.
- Tariq Hakky, M.D.
- Vishal Bhalani, M.D.
- Derek Prabharasuth, M.D.
- A. Dev Mally, M.D.
- Greori Anderson, M.D.
- Naveen Arora, M.D.

Our mission is to better the lives of those we touch. Our foundation is exceptional service, personalized care, and cutting-edge treatments. We work hard to continuously improve our accessibility, service, and quality. We strive to build lifelong relationships with our patients and referring providers.

Thank you for choosing Advanced Urology for your urologic needs.

In order to help make your upcoming office visit as easy as possible, we have enclosed necessary forms which should be completed **prior** to your arrival. We recommend that you personally deliver, fax, e-mail, or mail the forms back to us.

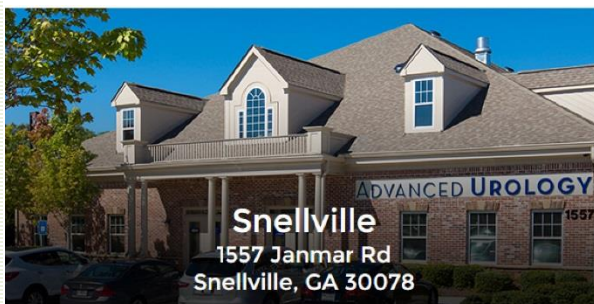
Please also bring:

- **Insurance Cards**
- **Photo Identification**
- **Form of payment** (we accept cash, debit card, MasterCard, Visa & American Express) No checks. *Need help with your high deductible? We also take Care Credit & Parasail.*
- A list of all the medications you are currently taking
- Any medical records, blood lab work, **diagnostic testing** in actual film format or on CD (**CD is preferred**) that you may have done as it pertains to your visit. Feel free to drop these off at the office prior to your visit.

If you are bringing records in-person, **please give all of the records to the check-in staff upon arrival and do not hold on to these records.** We will electronically scan these documents and return them to you. Following these instructions will greatly facilitate your visit.

We very much value our patients' time and will work to minimize your wait in our office. In order to ensure thorough evaluation, please refrain from emptying your bladder right before your visit, as we will likely need a urine sample from you.

Our hours of operation, map to our office, and other useful information are available on our website at www.urologygeorgia.com. If you have any questions or need to verify the location, please call our friendly staff.



We look forward to meeting you soon, and thank you for choosing us for your urologic care!

Sincerely,

The Advanced Urology Team

30 January 2017





ADVANCED UROLOGY

Jitesh Patel, M.D., Mukesh Patel, M.D., Tariq Hakky, M.D.,
Vishal Bhalani, M.D., Derek Prabharasuth, M.D.,
A. Dev Mally, M.D., Greco Anderson, M.D.,
Anthony Davis, PA-C, Kristin Rogers, PA-C,
Hayden Jagor, PA-C, Morgann Harney, PA-C
1555 & 1557 Janmar Road, Snellville, GA 30078
10730 Medlock Bridge Road, Johns Creek, GA 30097
Phone (678) 344-8900 Fax (678) 666-5201
Email: info@urologygeorgia.com

Patient Information

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Marital Status: _____

Social Security: _____ Race: _____

Preferred Language: _____ Ethnicity: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____

In the event of an emergency, who would you like us to contact?

Name: _____ Phone Number: _____

Relationship To Patient: _____ Secondary Phone Number: _____

Physician Information (Please list primary doctor to send communication)

Primary Care Physician's Name: _____ Phone Number: _____

Primary Care Physician's Address: _____

Referring Doctor's Name: _____ Phone Number: _____

Referring Doctor's Address: _____

Pharmacy Name: _____ Pharmacy Phone: _____

Pharmacy Address: _____

To the best of my knowledge, all of this is true and complete. I understand that I am responsible to pay for all services rendered to me, I grant permission to my physician to mutually exchange medical information with referring physician and/or associates. I hereby authorize disclosure of my medical records to my insurance carrier to obtain reimbursement.

Signature: _____ Date: _____

22 February 2017





ADVANCED UROLOGY

Jitesh Patel, M.D., Mukesh Patel, M.D., Tariq Hakky, M.D.,
Vishal Bhalani, M.D., Derek Prabharasuth, M.D.,
A. Dev Mally, M.D., Greco Anderson, M.D.,
Anthony Davis, PA-C, Kristin Rogers, PA-C,
Hayden Jagor, PA-C, Morgann Harney, PA-C
1555 & 1557 Janmar Road, Snellville, GA 30078
10730 Medlock Bridge Road, Johns Creek, GA 30097
Phone (678) 344-8900 Fax (678) 666-5201
Email: info@urologygeorgia.com

Authorization for the Release of Protected Health Information

Patient Name: _____

Date of Birth: _____ Phone: _____

I authorize representatives from Advanced Urology to release or obtain the health information as directed below:

Self (Patient)

Obtain from / Release to:

Facility: _____

Address: _____

Phone Number: _____

Fax Number: _____

Release to/Obtain from:

Advanced Urology

1555 & 1557 Janmar Road, Snellville, GA 30078

10730 Medlock Bridge Road, Johns Creek, GA 30097

Phone: (678) 344-8900 Fax: (678) 666-5201

This request applies to:

- All healthcare information.
- Healthcare information relating to the following treatment, condition, or dates:

- Other: _____

Signature: _____ Date: _____

30 January 2017





ADVANCED UROLOGY

Jitesh Patel, M.D., Mukesh Patel, M.D., Tariq Hakky, M.D.,
Vishal Bhalani, M.D., Derek Prabharasuth, M.D.,
A. Dev Mally, M.D., Greco Anderson, M.D.,
Anthony Davis, PA-C, Kristin Rogers, PA-C,
Hayden Jagor, PA-C, Morgann Harney, PA-C
1555 & 1557 Janmar Road, Snellville, GA 30078
10730 Medlock Bridge Road, Johns Creek, GA 30097
Phone (678) 344-8900 Fax (678) 666-5201
Email: info@urologygeorgia.com

Authorization To Release Medical Information

I authorize Advanced Urology to release my medical information to another person/family member.

(This is separate from Emergency Contact and also does not include Doctors,
see previous page for Medical Release)

Yes or No (If Yes) Name: _____

Relationship: _____ Phone Number: _____

Signature: _____ Date: _____

30 January 2017





Payment Policy

Thank you for choosing Advanced Urology as your provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans, including Medicare. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. If your account is turned over to a Collection Agency, a \$100 collections processing fee will be added to any outstanding balance.
- 3. Non-covered services.** Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

30 January 2017



ADVANCED UROLOGY

Jitesh Patel, M.D., Mukesh Patel, M.D., Tariq Hakky, M.D.,
Vishal Bhalani, M.D., Derek Prabharasuth, M.D.,
A. Dev Mally, M.D., Greco Anderson, M.D.,
Anthony Davis, PA-C, Kristin Rogers, PA-C,
Hayden Jagor, PA-C, Morgann Harney, PA-C
1555 & 1557 Janmar Road, Snellville, GA 30078
10730 Medlock Bridge Road, Johns Creek, GA 30097
Phone (678) 344-8900 Fax (678) 666-5201
Email: info@urologygeorgia.com

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

8. Missed appointments. Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

I have read and understand the payment policy and agree to abide by its guidelines.

For additional information or questions about this policy please contact:

Advanced Urology Business Office Monday – Friday 8am-5pm 678.344.8900 ext. 802

Signature of patient or responsible party

Date

30 January 2017





ADVANCED UROLOGY

Jitesh Patel, M.D., Mukesh Patel, M.D., Tariq Hakky, M.D.,
Vishal Bhalani, M.D., Derek Prabharasuth, M.D.,
A. Dev Mally, M.D., Greco Anderson, M.D.,
Anthony Davis, PA-C, Kristin Rogers, PA-C,
Hayden Jagor, PA-C, Morgann Harney, PA-C
1555 & 1557 Janmar Road, Snellville, GA 30078
10730 Medlock Bridge Road, Johns Creek, GA 30097
Phone (678) 344-8900 Fax (678) 666-5201
Email: info@urologygeorgia.com

Name: _____ Date of Birth: _____

Doctor that referred you to Advanced Urology: _____

Do you have a cardiologist? **YES NO** If yes, please list their name: _____

Cardiologist Phone: _____ If known, please list the date of last appointment: _____

What is the reason for your visit today? _____

Please list any medication allergies:

Reaction to Medication:

Other Allergies: _____

Do you take any medications? **YES NO**

Please list all medication(s) including dosage (prescription, over-the-counter, and herbal): _____

Please list all significant medical history: _____

Please list all prior surgeries including the year: _____

30 January 2017



Name: _____ Date of Birth: _____

WOMEN: Please complete the following:

Number of Pregnancies: _____

Number of Cesarean Sections: _____

Number of Vaginal Deliveries: _____

Are You Currently Pregnant? **YES NO**

Do you take prescription blood thinners? **YES NO**

Do you take aspirin or anti-inflammatory medicines every day? **YES NO**

Have you had a heart valve replacement? **YES NO**

Have you had a joint replacement? **YES NO**

Are you allergic to latex? **YES NO**

Are you allergic to intravenous contrast (dye)? **YES NO**

Social History

Current Marital Status: S M W D

Do you use tobacco products: **YES NO**

Type: _____

Packs/day: _____

How many Years? _____

Tried to quit? _____

Years since quitting? _____

Passive smoke exposure? _____

Occupation: _____

Do you drink alcohol: **YES NO**

Beer Wine Liquor

Daily Weekly Monthly Socially Rarely

Amount: _____

Last Drink: _____

Do you have an Advance Directive: **YES NO**

Do you have a family history of any of the following: **(Circle all that apply)**

Blood Disease

BPH (Prostate Enlargement)

Seizure Disorder

Thyroid Disorder

Urinary Tract Infections

Migraines

Eczema

Diabetes

Coronary Artery Disease

Hyperlipidemia

Inflammatory Bowel Disease

Renal Failure

Urolithiasis (Urinary Tract Stones)

Hypertension (High Blood Pressure)

Cerebrovascular (Stroke)

Cancer: Type 1. _____

2. _____

Which Family Member 1. _____

2. _____

Other: _____

30 January 2017

Name: _____ Date of Birth: _____

Review of Systems

Constitutional

Change in Appetite **YES NO**
 Chills **YES NO**
 Fatigue **YES NO**
 Fever **YES NO**

Eyes

Blurred vision **YES NO**
 Changes in vision **YES NO**

ENT

Headaches **YES NO**
 Nasal congestion **YES NO**
 Runny Nose **YES NO**
 Sinus pain **YES NO**
 Sore throat **YES NO**

Breast

Additional symptoms **YES NO**
 Lumps **YES NO**
 Nipple discharge **YES NO**
 Swelling **YES NO**
 Tenderness **YES NO**

Cardiovascular

Cardiac murmurs **YES NO**
 Chest pains **YES NO**
 Irregular heartbeat **YES NO**

Respiratory

Painful respiration **YES NO**
 Shortness of breath **YES NO**
 Wheezing **YES NO**

Gastrointestinal

Abdominal Pain **YES NO**
 Blood in Stool **YES NO**
 Diarrhea **YES NO**
 Loss of appetite **YES NO**
 Nausea **YES NO**
 Vomiting **YES NO**

Allergic-Immunologic

Allergic Dermatitis **YES NO**
 Frequent Illness **YES NO**
 Sinus Allergy Symptom **YES NO**

Genito-Urinary

Decreased sex drive **YES NO**
 Decreased stream **YES NO**
 Difficulty voiding **YES NO**
 Dysmenorrhea (painful periods) **YES NO**
 Dysuria (painful urination) **YES NO**
 Frequency of urination **YES NO**
 Impotence **YES NO**
 Incontinence **YES NO**
 Nocturia (frequent urination at night) **YES NO**
 Post void dribbling **YES NO**
 Retention **YES NO**
 Scrotal pain **YES NO**
 Urgency **YES NO**
 Vaginal discharge **YES NO**

Neurological

Headaches **YES NO**
 Incoordination **YES NO**
 Numbness or tingling sensation **YES NO**
 Seizures **YES NO**

Musculoskeletal

Back pain **YES NO**
 Bone pain **YES NO**
 Joint pain **YES NO**
 Muscle pain **YES NO**

Endocrine

Cold intolerance **YES NO**
 Excessive thirst **YES NO**
 Excessive urination **YES NO**
 Heat intolerance **YES NO**
 Weight gain **YES NO**
 Weight loss **YES NO**

Hematology/Lymphatic

Easy bleeding **YES NO**
 Easy bruising **YES NO**
 Lymph enlargement **YES NO**

30 January 2017