

Patient's Registration Form for Insured Patients

To be filled in by the patient completely and legibly.

Please send us back the signed form as soon as possible or bring it with you on the date of your medical appointment (incl. health insurance card).

Last name/First name:	Date of birth:	male	female
Address:	Zip code, city:		
Home phone:	Work phone:		
Mobile Phone:	Profession:		
E-Mail:	Nationality:		
Social Security Number (AHV):	Marital status:	single	divorced
		married	widowed

Next of kin, name/address (to contact in an emergency): Phone:

Legal representative for minors parent/guardian (name/address): Phone:

General practitioner (name/address): Phone:

Referring practitioner: general practitioner other (name/adresse) Phone:

Employer's address: Phone:

Medical insurance (basic insurance):	Insurance policy nbr			
	Insurance Type:	basic	other	
Medical insurance (supplementary insurance):	Insurance policy nbr			
	Insurance Type:	semi-private	private	other

How did you come to know of us? General practitioner Personal recommendation Internet Google online Directory Website

I hereby authorize Uroviva to provide any health information related to me to the insurance company (System Tiers payant, direct billing with health insurance) or other payor, for purposes of payment for the health care provided query by the online process with the health insurance card. I understand that Uroviva may obtain my credit report for review in collection of the fee. In the event that this account is placed with a collection agency or an attorney for collection I will pay all collection fees and reasonable attorney's fees.

I wish to receive the bill for the treatment directly (not sent to my health insurance).

I authorize my attending physician at Uroviva to obtain any previous medical records related to me and also to send documents to other Uroviva physician if it's necessary. I agree that medical reports are also send by E-mail. With his signature the patient declares that he has filled in all information truthfully and that he has read, understood and accepted all the before mentioned information.

Place/Date & Signature: