Jason D. Engel, MD, F.A.C.S.
John Lasee, M.D.

UROLOGIC SURGEONS OF WASHINGTON

Adult Urology
Urinary Stone Disease
Urologic Oncology
Impotence
Urinary Infection
Urologic Laparoscopy
DaVinci Robotic Surgery
Reconstructive Urology

PLEASE PRINT CLEARLY

DATE: ______________

NAME: ______________________________ ______________________________ ________
LAST FIRST MIDDLE INITIAL

DOB: ______________ **AGE:** ______ **SSN#:** ______________ **MAR. STATUS:** ______________

ADDRESS: ____

CITY: ______________________________ **STATE:** ______ **ZIP:** ____________

PHONE: [ ] HOME: ________________ [ ] WORK: ________________ [ ] CELL: ________________

PLEASE CHECK PREFERRED CONTACT NUMBER

EMAIL: ____ (PRINT CLEARLY)

EMPLOYER: ____

ADDRESS: ____

SPOUSE/EMERGENCY CONTACT: ________________________________

PHONE: ________________

PRIMARY CARE PHYSICIAN: ________________________________

REFERRING PHYSICIAN (IF DIFFERENT): ________________________________

PATIENT AUTHORIZATION

I, ______________________, hereby authorize **UROLOGIC SURGEONS OF WASHINGTON,** to apply for benefits on my behalf for covered services rendered. I request payment from BC/BS National Capital Area, and/or ______________________ Insurance Company, be made directly to the above named provider. (Name of Other Insurance Co.)

I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to the above-named billing agent, (or in the case of Medicare Part B benefits, to the Social Security Administration and Health Care Financing Administration) and/or the insurance company named above. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or the above-named carrier at any time in writing.

DATE: ______________ **SIGNATURE OF SUBSCRIBER:** ____

Suite 400
1147 20th Street, NW
Washington, DC 20036

Phone (202) 223-1024
Fax (202) 223-2152

Phone (240) 383-1916
Fax (240) 383-1921

Suite 540
5530 Wisconsin Ave.
Chevy Chase, MD 20815