

**LAKES AREA UROLOGY**  
1903 S. 6<sup>th</sup> St. Suite 3 Brainerd, MN 56401  
(218)828-1418 fax (218)833-8037  
[www.lakesareaurology.com](http://www.lakesareaurology.com)

Thank you for choosing Lakes Area Urology for your urologic care. We have several forms that we need you to complete fully and bring along to your appointment so that we can provide you with the best possible care. Failure to complete these forms may result in a delay or cancellation of your appointment. We ask that you arrive 15 minutes early for your appointment in case there is any additional paperwork to be filled out.

**Medical History Form:** Make sure that complete **both sides** of this form. It is important that our healthcare providers know your past medical history, your current symptoms, family medical history and your complete list of medications and allergies. You may be asked to update this form at every visit. You may find it useful to write down any specific questions for the Doctor and bring this list along to your appointment. Please ask your referring physician to forward to us the pertinent medical records and/or x-rays so that we have them at the time of your visit.

**Personal Information:** This is information that we need for billing purposes. It is imperative that we have a phone number where you can be reached during the day. We will need the name and date of birth for the policy holder of your health insurance. If the patient is a minor, we will need personal information for the parents as well as the minor.

**Insurance Cards:** **You must bring your insurance card(s) to every appointment.** We will need to make a copy of both sides of your card(s) and will need to see your card at every visit to verify your eligibility. **ALL CO-PAYS ARE TO BE PAID PRIOR TO YOUR APPOINTMENT.** We accept cash, checks, credit or bankcards for your convenience. If you have any questions regarding insurance coverage, call the customer service number on the back of your insurance card. We expect you to be responsible for checking with your insurance carrier for coverage, co-pays and/or deductible amounts.

**Drivers License or Picture ID:** As of May 1, 2009 the Federal Trade Commission requires all medical facilities to verify a patient's identity with a picture ID. **PLEASE BRING A PICTURE ID TO YOUR APPOINTMENT. WE WILL BE MAKING A COPY OF IT FOR FUTURE REFERENCE.**

**No Insurance:** You will have to pay the balance in full at the time of service.

**Referrals:** If your insurance company requires a referral from your primary care physician, you are responsible for making sure this is in place prior to being seen. If you choose to be seen without the referral in place, you will be expected to pay in full on the date of service.

**Financial Policy:** Carefully read and sign the financial policy so that you understand your financial responsibilities. Call our business office with any questions.

If you have any questions regarding this information, please call us and we will be happy to answer any questions.