

UROLOGY OF GREATER ATLANTA, LLC

REVIEW OF SYSTEMS

Any inpatient hospital stays with the last 30 days? Yes No

Have you received a flu shot in the past 12 months? Yes No

If you are 65 years or older, do you have an Advance Directive? Yes No

Check if you are experiencing any of the following symptoms.

BREAST:

- Breastfeeding
- Breast pain
- Lumps
- Nipple discharge
- Skin changes
- None

CARDIOVASCULAR:

- Chest discomfort
- Fainting
- Palpitations

- Shortness of breath
- Tightness
- None

ENDOCRINE:

- Diabetes
- Heat/cold intolerance
- Increase in appetite
- Thirst
- Thyroid issues
- None

ENT:

- Discharge
- Dizziness
- Earache
- Ear ringing
- Hay fever
- Hearing loss
- Nose bleeds
- Sinus pain
- Sore throat
- Voice change
- None

EYES:

- Blurred vision
- Burning
- Cataracts
- Double vision
- Glasses/contacts
- Glaucoma
- None

GASTROINTESTINAL:

- Bowel habit change
- Change in appetite

- Constipation
- Diarrhea
- Difficulty swallowing
- Heartburn
- Hemorrhoids
- Nausea
- Pain
- Rectal bleeding
- None

GENERAL:

- Chills
- Fatigue
- Fever
- Weight gain
- Weight loss
- None

GENITOURINARY:

- Blood in urine
- Burning with urination
- Difficulty with urination
- Discharge
- Frequency of urination
- Incontinence
- Kidney stones
- Pain postponing urination
- Pelvic pain/pressure
- Sexual problems
- Sexually transmitted disease
- Unable to urinate
- Urgency of urination
- Urinary tract infection
- None

HEMATOLOGIC:

- Ease of bleeding
- Ease of bruising
- Hepatitis
- Masses/nodules
- Wounds won't heal
- None

MUSCULOSKELETAL:

- Joint swelling
- Muscle loss
- Pain
- Stiffness
- Trauma
- None

NEUROLOGIC:

- Dizziness
- Fainting
- Headache
- Numbness
- Paralysis
- Seizures
- Stroke
- Tingling
- Tremors
- Weakness

OBGYN:

- Abnormal periods
- Birth control pill use
- Hot flashes
- Pregnant
- None

PSYCHIATRIC:

- Anxiety
- Depression
- Memory loss
- Mood swings
- None

RESPIRATORY:

- Cough
- Coughing up blood
- Oxygen use
- Severe snoring
- Shortness of breath
- Sleep apnea
- Sputum
- Tuberculosis
- Wheezing
- None

SKIN:

- Color change
- Hair loss
- Moles
- New lesion (s)
- Rash
- None

Patient or Guardian Name

Relationship if other than self

Signature

Date

Physician Signature

Date

Urology of Greater Atlanta, LLC

Payment Options

1. Enroll in the e-billing process by placing a payment method on file and authorizing a future charge up to a maximum of \$250 per visit for amounts owed by me as determined by my insurance company. Amounts owed by me may include (i) copayments, (ii) coinsurance, (iii) deductibles, (iv) non-covered or out-of-network services or (v) fees (if applicable) charged by the practice for forms, medical records, appointment cancellations, NSF fees, credit card charge backs, etc.
 - I elect to enroll in the e-billing system.**

2. Pay your estimated co-insurance and deductible at the time of service. We have an office visit estimation tool that will allow us to estimate your co-insurance and deductible.
 - I elect to pay my estimated patient responsibility prior to my visit today.**

3. Opt out of the e-billing system for a fee of \$50 per year (due today) which covers the costs our practice incurs to send monthly statements and process manual payments. I understand that if I opt-out of the e-billing process and fail to pay my financial responsibility in a timely manner I will not be allowed to opt-out for future dates of service. Instead, I will be required to pay estimated charges in full prior to services being rendered.
 - I elect to opt-out of the e-billing process. I'm prepared to pay \$50 today to opt-out of the program for the next 12 months or I already paid to opt-out this year. I understand I'm still responsible for balances determined to be my responsibility by my insurance carrier.**

4. Present valid, verifiable insurance information demonstrating 100% coverage for medical services having met all applicable deductibles. These plans are:
 - a. Traditional Medicare with Medicaid secondary
 - b. Medicaid (Blue Ridge office only)
 - c. Traditional Medicare with a Plan F secondary
 - d. Traditional Medicare with Tricare secondary
 - e. WellCare SNP
 - I have provided the appropriate insurance information. I understand that if my insurance carrier (s) doesn't pay my entire balance I'm ultimately responsible.**

I have had the opportunity to review the financial policy of Urology of Greater Atlanta, LLC. I confirm that I have received a copy of the policy for my records or that I have declined a copy. I understand that I am ultimately responsible for payment of services rendered to me and/or my dependents. I have indicated my preferred method to handle patient responsibility above.

Patient Name

Patient Birthdate

Patient (Guardian) Signature

Date