



1848 Parkland Drive NE | Cullman, AL 35058

1-256-739-2885

James W. Davis, MD
 William H. Parker, MD
 Rodney C. Sanders, MD
 Nicholas T. Braswell, MD

Patient Information

Last Name		First		Middle				
Your Billing Address			City	State	Zip			
Street Address			City	State	Zip			
Birthdate		Occupation			Primary Physician			
Employer				Employer's Address				
Home Telephone #		Work Telephone #		Cell Phone #	Email Address			
Married	Divorced	Single	Widowed	Social Security #	Driver's License #	State	Sex M / F	Age
Emergency Contact (outside of the home)				Phone Number				

Insurance Information

Name of Insurance Company			Policy Number			
Group Number		Effective Date		Subscriber's Name		Relationship/DOB
Additional Insurance			Policy Number			
Group Number		Effective Date		Subscriber's Name		Relationship/DOB
Primary Care Physician with Insurance Carrier						

Insured / Spouse / Parent

Name		Birthdate	Social Security Number
Employer			Work Telephone Number
Employer's Address			

I hereby authorize **CULLMAN UROLOGY, PC** to furnish to the insurance company(s) on file or to a designated attorney, all information which said insurance company(s) or attorney may request. I hereby assign to **CULLMAN UROLOGY, PC** all money to which I am entitled for medical and/or surgical expense relative to the service rendered by him, but not to exceed my indebtedness to said physician and/or surgeon. It is understood that any money received from insurance company(s) on file, over and above my indebtedness will be refunded to me when my bill is paid in full. I understand I am financially responsible to said doctor(s) for charges not covered by this assignment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and responsible legal fees should this be required. I understand that it is my responsibility to furnish current and correct personal and insurance information to Cullman Urology, PC in a timely manner.

 Insured or Guardian Signature

 Patient's Signature

 Date