

APPOINTMENT INFORMATION

PATIENT NAME:	TIME OF APPOINTMENT	APPOINTMENT DATE:
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COMPREHENSIVE UROLOGY PHYSICIANS (Please select the doctor you wish to visit)

<input type="checkbox"/> Donald F. Moylan, MD	<input type="checkbox"/> S. Mohammad A. Jafri, MD	<input type="checkbox"/> Ronald A. Rubenstein, MD
<input type="checkbox"/> Muzammil M. Ahmed, MD	<input type="checkbox"/> Marshall Kamer, MD	<input type="checkbox"/> Megan Schober, MD, PHD
<input type="checkbox"/> Kari A. Aretakis, MD	<input type="checkbox"/> Evan J. Kass, MD	<input type="checkbox"/> Philip J. Shalhoub, MD
<input type="checkbox"/> Marc S. Arnkoff, MD	<input type="checkbox"/> Sanjeev A. Kaul, MD	<input type="checkbox"/> Sugandh D. Shetty, MD
<input type="checkbox"/> Jamie M. Bartley, DO	<input type="checkbox"/> David J. Kearney, MD	<input type="checkbox"/> Larry T. Sirls, MD, FACS
<input type="checkbox"/> Richard C. Bennett, MD	<input type="checkbox"/> Howard J. Korman, MD	<input type="checkbox"/> William F. Spencer, MD
<input type="checkbox"/> Glenn G. Betrus, MD	<input type="checkbox"/> Vijay K. Kotha, MD	<input type="checkbox"/> Jon F. Suleskey, DO
<input type="checkbox"/> Frank N. Burks, MD	<input type="checkbox"/> Kenneth Lim, DO	<input type="checkbox"/> Dinesh J. Telang, MD
<input type="checkbox"/> Todd G. Campbell, MD	<input type="checkbox"/> Michael F. MacDonald, MD	<input type="checkbox"/> Ronald W. Wadle, DO
<input type="checkbox"/> Lucy A. Coccimiglio, DO	<input type="checkbox"/> Sabry G. Mansour, MD	<input type="checkbox"/> Gregory L. Weigler, DO
<input type="checkbox"/> Thomas A. Coury, MD	<input type="checkbox"/> William J. McDevitt, DO	<input type="checkbox"/> Jeffrey L. Weingarten, MD
<input type="checkbox"/> Kevin M. Feber, MD	<input type="checkbox"/> Thomas J. Mertz, MD	<input type="checkbox"/> David L. Wenzler, MD
<input type="checkbox"/> Jason P. Gilleran, MD	<input type="checkbox"/> Richard A. Mills, MD	<input type="checkbox"/> Raymond J. Winfield, MD
<input type="checkbox"/> Kenneth A. Goldman, MD	<input type="checkbox"/> Jeffrey L. O'Connor, MD	<input type="checkbox"/> Kirk J. Wojno, MD
<input type="checkbox"/> Jose A. Gonzalez, MD	<input type="checkbox"/> Kenneth M. Peters, MD	<input type="checkbox"/> Jeffery C. Yeamans, MD
<input type="checkbox"/> Mahmood A. Hai, MD	<input type="checkbox"/> Darryl R. Reaume, DO	<input type="checkbox"/> _____
<input type="checkbox"/> Patrick M. Hurley, MD	<input type="checkbox"/> Bradley H. Rosenberg, MD	<input type="checkbox"/> _____

COMPREHENSIVE UROLOGY LOCATIONS (Please select the office location you wish to visit)

- | | | |
|--|--|---|
| <input type="checkbox"/> Bloomfield Hills
43700 Woodward Ave. # 202
Bloomfield Hills, MI 48302
248-484-4000 | <input type="checkbox"/> Midland
4007 Orchard Drive, #3009
Midland, MI 48640
989-839-8881 | <input type="checkbox"/> Sterling Heights
44344 Dequindre Road, #310
Sterling Heights, MI. 48314
586-997-3530 |
| <input type="checkbox"/> Clarkston
5680 Bow Pointe Dr. Suite 102
Clarkston, MI 48346
248-658-7535 | <input type="checkbox"/> Milford
1435 N. Milford Road, #201
Milford, MI. 48381
248-676-2503 | <input type="checkbox"/> Taylor
12701 S. Telegraph Rd #201
Taylor, MI. 48180
734-287-8444 |
| <input type="checkbox"/> Clinton Township
37555 Garfield Road #110
Clinton Twp, MI. 48036
586-773-6300 | <input type="checkbox"/> Novi
26850 Providence Pkry, #360
Novi, MI. 48375
248-569-4897 | <input type="checkbox"/> Troy
2221 Livernois #103
Troy, MI. 48083
248-519-0305 |
| <input type="checkbox"/> Dearborn
2421 Monroe Street, Ste 200
Dearborn, MI. 48124
313-359-9880 | <input type="checkbox"/> Novi
39475 Lewis Drive, #280
Novi, MI. 48377
248-876-8211 | <input type="checkbox"/> Troy - Unasource
4600 Investment Dr. #370
Troy, MI. 48098
248-267-5035 |
| <input type="checkbox"/> Farmington Hills
32255 Northwestern Hwy. #105
Farmington Hills, MI 48334
248-406-1090 | <input type="checkbox"/> Port Huron
1037 Water Street, #1
Port Huron, Mi. 48060
810-984-4194 | <input type="checkbox"/> Warren
28565 Schoenherr
Warren, MI. 48088
586-619-0555 |
| <input type="checkbox"/> Garden City
6255 Inkster Rd., #201
Garden City, MI. 48135
734-425-7230 | <input type="checkbox"/> Rochester Hills
1135 West University Dr. #210
Rochester Hills, MI. 48307
248-650-4660 | <input type="checkbox"/> Waterford
3145 Dixie Hwy
Waterford, MI. 48328
248-674-8530 |
| <input type="checkbox"/> Lapeer
25 Millville Road
Lapeer, MI 48446
810-538-2020 | <input type="checkbox"/> Roseville
18325 E. 10 Mile Road, #200
Roseville, MI. 48066
586-773-6300 | <input type="checkbox"/> Westland
33545 Cherry Hill Road
Westland, MI. 48186
734-595-1166 |
| <input type="checkbox"/> Livonia
15138 Levan Road, #38
Livonia, MI 48154
586-913-8233 | <input type="checkbox"/> Royal Oak
31157 Woodward Ave
Royal Oak, MI. 48073
248-336-0123 | |
| <input type="checkbox"/> Macomb
17405 Hall Rd. Suite B
Macomb, MI 48044
586-913-8233 | <input type="checkbox"/> Southfield
22250 Providence Dr., #210
Southfield, MI. 48075
248-569-4897 | |



Michigan's Leading Large Urology Group Committed to Excellence in Patient Care, Research and Education

PATIENT INFORMATION

PATIENT NAME: LAST		FIRST		MIDDLE	
DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NO.			
ADDRESS:			CITY:	STATE:	ZIP:
HOME PHONE NO.:		WORK PHONE NO.		CELL/OTHER PHONE NO.:	
EMERGENCY CONTACT NAME:				PHONE NO.:	
REFERRING PHYSICIAN:					

INSURANCE

MEDICARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
IDENTIFICATION NO.:		EFFECTIVE DATE:
BLUE CROSS BLUE SHIELD OF MICHIGAN: <input type="checkbox"/> YES <input type="checkbox"/> NO		
IDENTIFICATION NO.:		GROUP:
SUBSCRIBER NAME:		RELATION:
MEDICAID: <input type="checkbox"/> YES <input type="checkbox"/> NO		
IDENTIFICATION NO.:	PRIMARY SPONSOR:	PHONE NO.:
OTHER INSURANCE NAME AND ADDRESS:		
PHONE:	IDENTIFICATION NO.:	SUBSCRIBER:
Are you currently in a Nursing Facility / Rehab Center / Home? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT (Is subscriber employed? <input type="checkbox"/> YES <input type="checkbox"/> NO)		
EMPLOYER NAME AND ADDRESS:		PHONE NO.:

POLICY HOLDER / RESPONSIBLE PARTY INFORMATION (if different than patient)

PATIENT NAME: LAST		FIRST		MIDDLE	
DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NO.			
ADDRESS:			CITY:	STATE:	ZIP:
HOME PHONE NO.:		WORK PHONE NO.		CELL/OTHER PHONE NO.:	
EMPLOYER NAME AND ADDRESS:				PHONE NO.:	

ASSIGNMENT OF BENEFITS / RELEASE OF INFORMATION

I assign payment of authorized benefits to Comprehensive Urology on my behalf for services rendered. I understand that I am financially responsible for the charges not covered by my policy. In addition, I authorize release of any medical information required by my insurance company to process claims.

SIGNATURE OF INSURED / GUARDIAN

DATE

REFERRING PHYSICIAN

NAME:		M.D. / D.O.	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NO.:			

FAMILY DOCTOR / PEDIATRICIAN (IF NOT THE SAME AS REFERRING DOCTOR)

NAME:		M.D. / D.O.	
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NO.:			

OTHER PHYSICIANS / AUTHORIZED INDIVIDUALS

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NO.:			

**WE ARE CURRENTLY ADDING E-MAIL ADDRESSES TO OUR PATIENT INFORMATION.
PLEASE SHARE YOUR EMAIL ADDRESS WITH US. THANK YOU!**

NAME: _____ DATE OF BIRTH: _____

EMAIL: _____

I decline to share my e-mail. I do not have an e-mail address.

PATIENT SIGNATURE: _____

**I AUTHORIZE COMPREHENSIVE UROLOGY TO RELEASE MEDICAL
INFORMATION ABOUT ME TO ANY / ALL OF THE ABOVE DESIGNATED INDIVIDUALS.**

PATIENT / GUARDIAN SIGNATURE: _____ DATE: _____