

CSI | Comprehensive Surgery Institute

New Patient Information

All payments are due at the time of service. Charges will be billed to your insurance carrier.

Forms of payment accepted: Cash, Check, Money Order, Visa, MasterCard, American Express, and Discover

Name of Patient /Representative:

Date

Patient/Representative Signature: *

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize Florida Bladder Institute to furnish information to all insurance carriers concerning my illness and treatments, and hereby assign all payments for medical services rendered to myself or my dependents to Florida Bladder Institute. I understand that I am responsible for any amount not covered by my insurance. In the event that an outside collection agency is necessary to enforce payment of the account, I agree to pay for all collection fees deemed reasonable.

Patient Signature : *

Sign Here 

Patients are encouraged to use the patient portal which can be found at www.FloridaBladderInstitute.com. You can update your demographic and insurance information, access your health records, see your billing statements and send messages 24 hours a day on the patient portal. Please make sure all of your patient paperwork is filled out correctly and changes updated prior to your appointment or it may cause delays.

Thank you,

Florida Bladder Institute.

Date

MM-DD-YYYY

