



General & Robotic
Surgical Associates

Asser Youssef, MD., Maged Elkhoully, MD, Courtney Birkett, PA

2080 W. Southern Ave Ste B-1, Apache Junction, AZ 85120(main office)

*******PATIENT DEMOGRAPHICS*******

Patient's Name: _____ DOB: _____

SEX: _____ Marital Status: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Patient #: Home _____ Cell: _____ Work: _____

Consent to automated calls and text messages: Yes/No (phone carrier fees may apply)

May leave detailed messages in voicemail in regards to visit appointment and any test result: Yes/No

Email address: _____

Interested in Patient Portal? Yes/No

*******INSURANCE INFORMATION*******

Name of primary insurance: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Insurance ID# _____ Group# _____

Name of secondary insurance: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Insurance ID# _____ Group# _____

In case of an emergency who should we contact?

Name: _____ Phone#: _____ Relation: _____

Name: _____ Phone#: _____ Relation: _____

Preferred Pharmacy:
Name/Address/Phone# _____

Primary Care Doctor: _____

Referred by: _____

Phone #: _____ Cross Streets: _____

Signature: _____

Date: _____



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*****PATIENT HISTORY*****

Reason for visit: _____

Allergies: _____

Medications:

_____ None

Family History:

_____ No current problems or disabilities

_____ Unknown

Social History:

Smoking status:

_____ Never Smoked

_____ Former Smoker

_____ Current every day Smoker

Years of Tobacco use _____

Surgical History:

Medical History: (please circle yes or no)

Anemia: Yes No
Anxiety Disorder: Yes No
Arthritis: Yes No
Autoimmune Disorder: Yes No
Bleeding Disorder: Yes No
Bronchitis: Yes No
COPD: Yes No
Cancer: Yes No
Coronary Artery Disease: Yes No
Deep Vein Thrombosis: Yes No
Depression: Yes No
Diabetes: Yes No
Diverticulitis: Yes No
Gout: Yes No
Headaches: Yes No

Heart Disease: Yes No
Hepatitis: Yes No
High Cholesterol: Yes No
Hypertension: Yes No
Hyperthyroidism: Yes No
Hypothyroidism: Yes No
Kidney Disease: Yes No
Kidney Stones: Yes No
Liver Disease: Yes No
Other: _____
Pulmonary embolism: Yes No
Reflux/Gerd: Yes No
Seizures/Epilepsy: Yes No
Stroke: Yes No
Tuberculosis: Yes No

*****PATIENT COMMENTS*****

Patient Signature

Date



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*******FINANCIAL POLICY*******

Asser Youssef, MD., Maged Elkhoully, MD, Courtney Birkett, PA appreciate the confidence you have shown in choosing us to provide for your health care needs. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates patients to ensure payment in full Of our fees. Please contact your insurance company to verify coverage of our services. We allow 60 days for your insurance company to pay. After that time the unpaid balance is due and payable by patient.

Patient is responsible for payment and any coinsurance/copayment/ deductible as determined by our contract with your insurance carrier. We expect the co-payment at the time Of service. If your insurance carrier denies any part Of your claim, or if you or your physician elects to continue past approved period, you will be responsible for your balance in full.

*******CANCELLATION POLICY*******

We require a 24-hour cancellation notice prior to scheduled appointment. No show fee may result in \$50.00 fee. Which is payable by the patient.

*******RETURNED CHECKS AND OVERDUE ACCOUNTS*******

There will be a \$35.00 service fee on all returned checks. Accounts past due are subject to collection. Any attorney, collections, and court fees shall become your responsibility in addition to the balance due in this office.

*******SELF PAY*******

If there is no insurance coverage or if patient prefers to file own insurance claim patient is responsible for full payment at time of service.

-I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO ABIDE BY THE TERMS.

Patient name: _____ Date: _____

Signature: _____