PATIENT REGISTRATION

PATIENT INFORMATION:

Patient Name._____ Today's Date_____
Last First Middle

Home Address_____

City_____State_____ Zip Code_____

Home Phone_____Cell Phone_____

E-mail address_____ Marital Status Single Married Divorced Widowed

Social Security Number_____ Date of Birth_____ Age _____ Gender M F

Employer/Parent's Employer_____Occupation_____

Work Address_____Work Phone_____

City_____State_____Zip Code_____

Spouse name (Parent name if minor)_____Spouse/Parent Work Phone_____

Person to notify in case of emergency (other than spouse)_____

Phone number (s)_____Relationship_____

PHARMACY INFORMATION:

Preferred Pharmacy	Street Address	City	State	( ) Phone #

PHYSICIAN INFORMATION:

	Street Address	City	State	( ) Phone #
Primary Care Physician (PCP)				
Referring Provider's Name and Specialty				
Other Physician's Name and Specialty (if any)				
Optometrist's Name (if you have one)				

Primary Insurance Company		
Certificate or ID#	Group #	Effective Date
Subscriber/Insured Name		**Relationship to Patient**
Social Security Number	Date of Birth	Employer

PATIENT REGISTRATION (Cont.)

Secondary Insurance Company		
Certificate or ID#	Group #	Effective Date
Subscriber/Insured Name	**Relationship to Patient**	
Social Security Number	Date of Birth	Employer

Third Insurance Company (if any): _____ **Subscriber/Insured Name**: _____

I certify that I (or my dependent) have insurance coverage as stated above and agree to have insurance payments made directly to Retina and Vitreous of San Antonio PLLC to be applied to my account for services rendered. I understand that I am financially responsible for all charges incurred in the event that my insurance denies payment. I am aware there may be additional collection and/or attorney's fees if my account is referred for collection. For patients covered by Medicare the patient will be responsible for 20% of the Medicare allowable charges plus any deductibles, coinsurance and uncovered charges that apply.

_____ _____

Patient's signature **Today's date**