Eye Associates of Central Texas

Date _____/_____/_____

Patient Registration

Account ID_____ Chart ID_____

Patient Information

Last Name	First Name	Middle	Gender	Marital Status	Date of Birth Age	Social Security #

Address	Home:	How did you hear about us? *internet search, ad, social media, referral, etc.*
Address 2	Work:	
	Cell:	

City	State	Zip Code	Employer Name & Address	Occupation

Emergency Contact Phone	Pharmacy Phone

Physician	Family Physician	Referring Physician

Medical Insurance Name & Address	Policy Holder	Relationship	Copay	Policy ID	Group ID
1					
2					
3					

Guarantor (Person to be billed, if different than patient)

1 Last Name	First Name	Middle	Date of Birth

Address	Phone	Email

City	State	Zip Code	Employer Name & Address

2 Last Name	First Name	Middle	Date of Birth

Address	Phone	Email

City	State	Zip Code	Employer Name & Address

HIPPA Approved Contacts

1 Last Name	First Name	Middle	Date of Birth	Relationship

Address	City	State	Zip Code	Phone

2 Last Name	First Name	Middle	Date of Birth	Relationship

Address	City	State	Zip Code	Phone

Patient's or Authorized Person's Signature

I the undersigned give my authorization to treat and assign directly to Eye Associates, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and non-covered charges, such as refractions or contact lens services, whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service. I acknowledge receipt of the Practice's Notice of Privacy Practices. I authorize the Practice to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting healthcare operations.

X _____

Signature Date (MM/DD/YYYY)

Please attach all pertinent insurance ID cards for photocopying