Eye Associates of Central Texas

Patient Registration

ID: _____ Appointment Date _____/_____/_____

Patient Information

Last Name	First Name	Initial	Gender	Marital Status ◻ Single ◻ Married	Date of Birth _____/_____/_____	Social Security #
Street Address			Telephone Cell: Home: Work:		How did you hear about us? *Please specify*	
Apt/Bldg #						
City	State	Zip Code	Email			
Employer	Occupation					
Emergency Contact	Phone	Relationship				
Pharmacy	Phone	Location				
Family Physican	Referring Physican	Referring Office Name				

HIPPA Approved Contact(s) *(Family/Friends/others to whom we can give or take information about you)*

1 Last Name	First Name	Relationship	Phone	
Address	Apt/Bldg #	City	State	Zip Code
2 Last Name	First Name	Relationship	Phone	
Address	Apt/Bldg #	City	State	Zip Code

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

Last Name	First Name	Relationship	Phone	
Address	Apt/Bldg #	City	State	Zip Code _____/_____/_____
Employer Name		Employer Phone	Guarantor Date of Birth	
Employer Address	Apt/Bldg #	City	State	Zip Code

Insurance Benefit Disclosure and Authorization for the Dissemination of Information

I, the undersigned, hereby give my authorization to treat and assign directly to Eye Associates all medical benefits, if any, that would otherwise be paid 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 physician to release all information necessary to secure payment of benefits. I authorize the use of this signature on all of 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 the purpose of treating me, obtaining payment for services rendered to me, and conducting health care operations.

X

Signature Date (MM/DD/YYYY)

NOTE:
Please attach all pertinent insurance ID cards for photocopying