

Registration							
Date	Account ID	Chart ID	Other ID	Internal Use			
<b>Patient Information</b>							
Last Name	First Name	Middle	Gender	Birthdate	Social Security #	Age	
Address			Home Phone:	Marital Status:			
Address 2			Work Phone:	Spouses Name:			
City	State	Zip Code	Cell Phone:				
			Email:				
Emergency Contact		Emerg Contact Phone	Employer Name & Address			Occupation	
			Pharmacy	Pharmacy Phone			
<b>Primary Physician (PCP)</b>		<b>Specialty Providers</b> (rheumatologist, neurologist, diabetes management)		<b>Referring Physician</b>			
Medical Vision Insurance Carrier Name	Insurance Carrier Address	Policyholder Name	Policyholder Date of Birth	Relationship to Patient	Policy ID #	Group ID	
1							
2							
3							
<b>Guarantor (Person to be billed, if different than patient)</b>							
Last Name 1	First Name	Middle	Gender	Marital Status	Birthdate	Social Security #	
Address		Home Ph:	Cell Ph:	Work Ph	Email:		
City	State	Zip Code	Employer Name & Address		Occupation		
Last Name 2	First Name	Middle	Gender	Marital Status	Birthdate	Social Security #	
Address		Home Ph:	Cell Ph:	Work Ph	Email:		
City	State	Zip Code	Employer Name & Address		Occupation		
<b>HIPAA Approved Contacts (Individuals we may release your relevant health care information to)</b>							
Last Name	First Name	Middle	Gender	Relationship to patient	Birthdate	Age	Social Security #
Address		Home Ph:	Cell Ph:	Work Ph	Email:		
Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Age	Social Security #
Address		Home Ph:	Cell Ph:	Work Ph	Email:		
<b>Patient's or Authorized Person's Signature</b>					<b>Signature / Date</b>		
<p>I, the undersigned, give my authorization to treat and assign directly to Southside Eye Care PLLC, all benefits (if any) otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all charges whether approved and covered by my insurance or not. 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 and understand that payment is expected at the time of service</p>							