

# EYEGROUPMD

7901 Dallas Street, Fort Smith, AR 72903

## REGISTRATION FORM

Today's Date:		Family Doctor:			
<b>PATIENT INFORMATION</b>					
Patient's last name:	First:	Middle:	Marital status: Married Single Divorced		
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?	Former name:	Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F
Address: [Street/ P.O Box, City, ST ZIP Code]					
Social Security #		Home phone # _____ E-Mail: _____		Cell phone #	
Occupation:		Employer:		Employer phone #	
<p>For Privacy, how may we contact you? Please check all that apply. Email _____ Voicemail _____ Work _____ Spouse _____ Friend _____ Other: _____ Name of other: _____</p> <p><b>Referring Doctor</b> _____</p> <p>Other family members seen here: _____</p>					
<b>INSURANCE INFORMATION</b>					
(Please give your insurance card to the receptionist.)					
Person responsible for bill:	Birth date:	Address (if different):		Home phone #	
Is this person a patient here?	<input type="radio"/> Yes <input type="radio"/> No	Is this patient covered by insurance?		<input type="radio"/> Yes <input type="radio"/> No	
Occupation:	Employer:	Employer address:		Employer phone no.:	
<b>Please indicate primary insurance:</b>					

Subscriber's name:	Subscriber's S.S.#	Birth date:	Group #	Policy#
Patient's relationship to subscriber:				
Name of secondary insurance (if applicable):	Subscriber's name:		Group #	Policy #
Patient's relationship to subscriber:				
<b>IN CASE OF EMERGENCY</b>				
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone #	Work phone #	
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize <b>EyeGroupMD</b> or insurance company to release any information required to process my claims.</p>				
_____ Patient/Guardian signature			_____ Date	