

Date _____

Name (Mr/Mrs/Ms/Miss/Dr) _____

Male/Female _____

Date of Birth _____ Marital Status _____

Mailing Address _____ Physical Street Address (if different than mailing address) _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

How do you want us to communicate with you regarding your appointments? _____

If your preferred communication method is cell phone, please list your service carrier _____

Social Security # _____ Driver's License # _____

Primary Language _____

Please select your race: prefer not to answer American Indian/Alaskan native Asian African-American
 Pacific Islander Caucasian Other

Please select your ethnicity: Prefer not to answer Non-hispanic Hispanic Unknown

Occupation (present/prior) _____ Employer (present/prior) _____

Name and Phone Number of Emergency Contact _____

INSURANCE INFORMATION

Name of Insured _____

Relationship to Patient _____

Date of Birth of Insured _____

Name of Policy _____

COMPLETE FOR PATIENTS UNDER AGE 19, FOR STUDENTS, OR FOR PATIENTS WITH LEGAL REPRESENTATION

Name of Responsible Party _____

Relationship to Patient _____

Responsible Party Address _____

Responsible Party's Employer and Work Phone Number _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Social Security # for Responsible Party _____ Driver's License # _____

AUTHORIZATION FOR TREATMENT: I hereby authorize the physicians of North River Ophthalmology to render medical and surgical treatment for my condition(s) as determined to be medically necessary.

FINANCIAL POLICY: I assign all medical and/or surgical benefits including major medical benefits to which I am entitled, including Medicare, private insurance and any other health plan to North River Ophthalmology. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by my insurance. I hereby authorize the release of all information to secure payment. I agree to pay all charges when due and at the time of service. Any balances not paid in a timely manner may result in collections actions.

Signature _____