RETINA PHYSICIANS & SURGEONS, INC.

PATIENT INFORMATION:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY #

STREET ADDRESS	MARITAL STATUS ☐SINGLE ☐MARRIED ☐DIVORCED ☐WIDOWED ☐SEPARATED	SEX M F

CITY	STATE	ZIP CODE	HOME PHONE	DAYTIME PHONE	MOBILE PHONE

EMAIL ADDRESS	LANGUAGE	RACE

EMPLOYER	STUDENT STATUS ☐FULL TIME ☐PART TIME

EMPLOYMENT STATUS ☐ACTIVE ☐RETIRED ☐DISABLED	Is your visit related to an accident or injury? Yes No Date of Injury:

REFERRING PHYSICIAN	FAMILY PHYSICIAN

EMERGENCY CONTACT:

NAME	PHONE	RELATIONSHIP

RESPONSIBLE PARTY INFORMATION:

LAST NAME	FIRST NAME	MI	RELATIONSHIP TO PATIENT ☐SELF ☐PARENT ☐SPOUSE ☐OTHER

STREET ADDRESS (If different than patient)	CITY	STATE	ZIP CODE	HOME/CELL PHONE

DATE OF BIRTH:	SOCIAL SECURITY #	EMPLOYER	WORK PHONE

PRIMARY INSURANCE:

NAME OF INSURANCE COMPANY	POLICY HOLDER NAME	RELATIONSHIP TO SUBSCRIBER ☐SELF ☐SPOUSE ☐CHILD ☐OTHER

POLICY HOLDER BIRTHDATE	POLICY HOLDER SS#	POLICY HOLDER EMPLOYER	EMPLOYMENT STATUS ☐ACTIVE ☐ RETIRED

INSURANCE ID#	GROUP#

SECONDARY INSURANCE INFORMATION:

NAME OF INSURANCE COMPANY	POLICY HOLDER NAME	RELATIONSHIP TO SUBSCRIBER ☐SELF ☐SPOUSE ☐CHILD ☐OTHER

POLICY HOLDER BIRTHDATE	POLICY HOLDER SS#	POLICY HOLDER EMPLOYER	EMPLOYMENT STATUS ☐ACTIVE ☐ RETIRED

INSURANCE ID#	GROUP#

PLEASE COMPLETE REVERSE SIDE

PATIENT'S AUTHORIZATION

In order to submit a claim for payment for services covered under your policy, we must have your authorization to release medical information to your insurance carrier, regardless of diagnosis.

I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE NOT COVERED BY MY INSURANCE CARRIER.

I authorize Retina Physicians & Surgeons, Inc. to furnish complete information to my insurance carriers or it's intermediaries regarding services rendered.

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Signature (Patient / Responsible Party) Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of Retina Physicians & Surgeons, Inc., NOTICE OF PRIVACY PRACTICES.

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Signature (Patient / Responsible Party) Date