Patient Registration: Mountain Eye Associates, PLLC

Date:		Chart ID
Gender:	Birth Date:	Social Security #:

L. Name:	F. Name:	M.I.:
Address:	City:	State: / Zip:
Home #:	Work#:	Cell#:

Preferred Phone #: ☐ Home ☐ Work ☐ Cell

Is it okay to leave a message? ☐ Yes ☐ No

Seasonal Address (if applicable):

City: State: Zip:

Email Address: _____

(We respect your privacy & your email is not sold. Your email is used to give you electronic access to your summary of care, patient education access and appointment reminders) as required by CMS.

Preferred Language:	Race:	Ethnicity:

Emergency Contact

Name:	Phone #:

Physician:	**Pharmacy:**

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

Gender:	Birth Date:	Social Security #:

L. Name:	F. Name:	M.I.:
Address:	City:	State: / Zip:
Home #:	Work#:	Cell#: / Email:
Employer & Address:	Occupation:	

HIPAA Approved Contacts, if you list person(s), you give us permission to share your medical and financial information

1. L. Name:	F. Name:	M.I.:	Home #:	Work#:	Cell#:	Relationship:
1. L. Name:	F. Name:	M.I.:	Home #:	Work#:	Cell#:	Relationship:

Patient's or Authorized Person's Signature

I, the undersigned, give my authorization for treatment. I assign all third payments to be remitted directly to Mountain Eye Associates, PLLC, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. 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. 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 purposes of treating me, obtaining payment for services rendered to me, and conducting healthcare operations.

Signature: ✖	Date:	**Mountain Eye Associates, PLLC**

Please present all of your insurance ID cards and photo I.D. to our receptionist