

**SOUTH HILLS EYE ASSOCIATES, LTD.
PATIENT REGISTRATION SHEET**

PATIENT INFORMATION

Mr. _____ Mrs. _____ Miss. _____ Ms. _____
Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____

Patient ID#: _____ Sex: _____ M _____ F _____
Date of Birth: _____ / _____ / _____ Age: _____
Social Security #: _____
Marital Status: _____ Single _____ Married _____ Widow _____ Other _____
Primary Care Physician: _____
Referring Physician: _____

PERSON RESPONSIBLE FOR BILL:

Same as Patient

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Date of Birth: _____ / _____ / _____
Social Security #: _____
Relationship to patient: _____

Emergency Contact:

Name: _____
Address: _____
Phone: _____
Relationship to patient: _____
Patient Employment:
Employed: _____ Retired: _____ Other: _____
Employed by: _____
Address: _____
Phone: _____ Occupation: _____

Medical Insurance / Vision Insurance:

Insurance Name: _____
ID# _____
Group# _____

Subscriber's Name: _____
Relationship to Patient: _____
Birth Date of Subscriber: _____ / _____ / _____
Subscriber's Social Security #: _____

Secondary Insurance:

Insurance Name: _____
ID# _____
Group# _____

Subscriber's Name: _____
Relationship to Patient: _____
Birth Date of Subscriber: _____ / _____ / _____
Subscriber's Social Security #: _____

Fee and Payments:

Please remember that insurance is not a substitute for payment.
It is your responsibility to pay any deductible amount, co-insurance, non-covered service, or any other balance not paid for by your insurance company. I authorize the release of payment for medical benefits to my physician.
This signature on file is authorization for the release of information necessary to process my claim. I hereby authorize the doctors of South Hills Eye Associates to furnish information to insurance carrier.
I give permission to release medical records or information to other medical doctors.

Date: _____ Signature Of Patient: _____

Date: _____ If Patient is a Minor/Parent's Signature _____