San Francisco Eye Institute

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PATIENT REGISTRATION

NAME ______________________________________ M / F REFERRED BY _______________________________

ADDRESS ______________________________________ FAMILY PHYSICIAN _____________________________

CITY _________________________ ZIP _____________ SOCIAL SECURITY _____________________________

HOME PHONE ________________________ DATE OF BIRTH _________________________ AGE __________

DAYTIME PHONE ________________________ EMAIL ADDRESS______________________________________

PHARMACY-Name/Location ___________________________ OCCUPATION _____________________________

MARITAL STATUS M S P D W NAME OF SPOUSE ___________________ PHONE __________________

ETHNICITY & RACE __________________________ PREFERRED LANGUAGE __________________________

PERSON TO CONTACT IN EMERGENCY ____

RELATIONSHIP _____________________ HOME PHONE _______________ WK PHONE __________________

PREFERRED CONTACT FOR UPCOMING APPOINTMENTS:

□ PHONE CALL _________________ □ TEXT MESSAGE ________________ □ EMAIL _______________________

***If you are late by 15 minutes or more at the time of your appointment, you may be rescheduled or cancelled.**

INSURANCE: PRESENT CARD TO RECEPTIONIST

Please list the subscriber of the policy if other than the patient. List your primary insurance company first, then any other coverage.

PRIMARY INSURANCE COMPANY _________________________________ ID # _________________________

MAIN SUBSCRIBER IF OTHER THAN PATIENT ______________________________ DOB _________________

VISION INSURANCE COMPANY _________________________________ ID # ___________________________

MAIN SUBSCRIBER IF OTHER THAN PATIENT ____________________ SSN _____________ DOB __________

PARTY RESPONSIBLE FOR PAYMENT (if other than patient): ____

I WILL BE PAYING TODAY BY CASH _________ CHECK _________ CREDIT CARD _________

I UNDERSTAND AND AGREE THAT (REGARDLESS OF MY INSURANCE STATUS), I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT FOR ANY PROFESSIONAL SERVICES RENDERED. I HAVE READ ALL THE INFORMATION ON THIS SHEET AND HAVE COMPLETED THE ABOVE ANSWERS. I CERTIFY THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY YOU OF ANY CHANGE IN MY STATUS OF THE ABOVE INFORMATION.

SIGN____________________________________ DATE__________________________