Registration Form — Envision Eye Specialists, PC

Date	Account ID	Chart ID	Other ID	Internal Use

Patient Information

Last Name	First Name	Middle	Gender	Marital Status	Birthdate	Age	SS #

Address	Home Phone	How did you hear of us?
Address 2	Work Phone	
City / State / Zip	Cell Phone	

Emergency Contact	Emergency Contact Phone	Email

Employer Name & Address	Occupation	Pharmacy	Phone

Preferred Language	Race	Ethnicity	County

Provider: Family Physician Referring Physician

Medical Insurance	Name & Address	Policyholder	Relationship	Copay	Policy ID	Group ID
1.						
2.						
3.						

Guarantor (person to be billed if different from patient)

1. Last Name	First Name	Middle	Gender	Marital Status	Birthdate	SS#

Address	Home Phone	Work Phone	Email

City / State / Zip	Employer Name & Address	Occupation

2. Last Name	First Name:	Middle	Gender	Martial Status	Birthdate	SS#

Address	Home Phone	Work Phone	Email

City / State / Zip	Employer Name & Address	Occupation

HIPPA Approved Contacts

1. Last Name	First Name	Middle	Gender	Birthdate	SS#	Relationship

Address	City	State	Zip Code	Home Phone	Cell Phone

2. Last Name	First Name	Middle	Gender	Birthdate	SS#	Relationship

Address	City	State	Zip Code	Home Phone	Cell Phone

Patient's or Authorized Person's Signature

I, the undersigned give my authorization to treat and assign directly to Envision Eye Specialists, PC, 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 Practices Notice of Privacy Policy. 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	Signature Date			
		1011 Bowles Avenue, Suite 200	Phone	(636) 717-1700
		Fenton, MO 63026	Fax	(636) 203-4727

Please bring all pertinent insurance and photo ID cards for inputting into computer program.