

**NORTHWEST EYECARE PROFESSIONALS  
PATIENT REGISTRATION FORM**

(please print)

**A. PATIENT INFORMATION**

Patient's First Name:	Middle Initial:	Last Name:
Patient's DOB:	Patient's SSN:	Email Address:
Patient's Mailing Address:	Patient's Preferred Phone #:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell
Other immediate family members seen here:		

**B. BILLING/INSURANCE INFORMATION**

Person responsible for bill / Insurance holder:	Birth date:	Address (if different):	Home phone no. (if different):
Is this person a patient here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Party's SSN:	

**C. ACKNOWLEDGEMENT OF RESPONSIBILITY**

The information provided on my insurance card and provided above is true to the best of my knowledge. When making a third party claim, I authorize Northwest EyeCare Professionals to bill the insurance company on my behalf for any covered charges. I authorize the release of any medical information necessary for processing the claim. I also authorize my insurance company to pay insurance benefits on my behalf to Northwest EyeCare Professionals directly. I understand and agree that regardless of my insurance benefits, I (or my guarantor) am responsible to pay the balance on my account for all professional services and materials provided.

\_\_\_\_\_  
*Patient/Guardian Signature*

\_\_\_\_\_  
*Date*

**D. ACKNOWLEDGEMENT OF HIPAA PRIVACY PRACTICES**

I acknowledge that I have been offered the opportunity to review the Notice of Privacy Practices for Northwest EyeCare Professionals.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
*Patient/Guardian Signature*

\_\_\_\_\_  
*Date*

**HIPAA rules prevent us from discussing protected health information with any person other than the patient, including family members of patients over the age of 18. If you would like to designate any individual(s) that we are allowed to discuss your information with, please list them and their phone number below:**

\_\_\_\_\_  
Family Member / Alternate Contact Name and Phone Number