SEDONA EYE CARE

Patient Registration

Name:(Mr. Mrs. Ms.)_____Birthdate:_____Sex M F
Parent/Guardian _____

Address:_____ City_____State_____ Zip_____

Phone: Home:_____ Cell:_____
OK to leave detailed message ____Yes ____ No Text ____Yes ____ No

Email:_____

Communication Preference: Email Postal Telephone

Social Security:_____ Marital Status: Married Single Divorced Widowed

Employment Status: Full Time Part Time Self Employed Retired Student Unemployed

Preferred Language: English Spanish Other

Race: American Indian Asian African American Hispanic Native Hawaiian White

Occupation:_____ Employer:_____

Referred By:_____

Doctor/Nurse practitioner :_____ **Do you have Medicare?** YES NO

Patients are responsible for all services rendered, regardless of whether or not they have insurance. Payments are to be made when services are rendered unless other arrangements have been made. Please note that medical insurance/Medicare do not cover refraction's and will be collected on your day of service. If your insurance requires an authorization/referral to be seen in to our office it is your responsibility to arrange this with your Primary Care Physician (PCP). It is impossible to obtain such documentation without you seeing your PCP prior to your visit. There is a $25.00 charge added on for all returned checks. Cancellation policy please provide at least a 24 hour notice of your cancellation or it could result in a fee of $35.00.
By signing below, you agree to these terms and to pay any and all reasonable collection cost. Insurance/Medicare Lifetime Authorization. I request that payment under my insurance program be made either to me or to the provider name above on any bill for services furnished to me during the effective period. I authorize the above named provider to release to my insurance company or intermediaries or carriers any information needed for this claim or a related insurance claim.

Signature_____**Date**_____

Per HIPPA regulations review and update every 6 months, acknowledge that you have review by initialing and dating below.

Initial	**Date**	**Initial**	**Date**