Patient Registration Form

Date:_______________ **Have you been to this office before: Yes No**

Sex:(circle) Male Female

Name:(first)___________________________(middle)_____________________(last)______________________________________

Address:____City:_________________________Zip Code:________________

Home Phone:( )_________________________________Date of Birth:_____/_____/________

Race (circle one):Caucasian African American Asian Hispanic Native Hawaiian American Indian

Ethnicity (circle one): Not Hispanic Hispanic Native Hawaiian

Spouse Name(If applicable)___________________ Spouse #:(______________________)

Patient Employer:____ Work#:( )____________________

Emergency Contact:____ Phone:( )____________________

PLEASE PROVIDE YOUR INSURANCE CARDS TO BE COPIED AT TIME OF VISIT

Primary Insurance:____

Member's Name:______________________________ Member's Date of Birth: _____/_____/____

Member's SSN:_______________________________

Secondary Insurance:____

Responsible Party's Information (if other than self)

Name:_________________________ SSN:_______________________________________

Address:_______________________ City:_____________________ Zip Code:_________

Phone:_________________________ Relationship:_________________________________

I authorize the doctors of Mullins Vision South, PLLC to treat me/the patient and to release any information acquired in the course of the examination and treatment to secure payment of claims and benefits. I understand that Mullins Vision South, PLLC policy requires payment at time of service unless other arrangements are made. I authorize payments directly from my insurance company to Mullins Vision South, PLLC. I agree to be responsible for any deductibles, co-pays, coinsurance, and services rendered that are not covered by my insurance plan.

Please sign both lines below:

1.)Signature of Patient or Responsible Party:___________________________Date:________

I have received Mullins Vision South, PLLC's Notice of Privacy Practices,

2.)Signature of Patient or Responsible Party:___________________________Date:________