FRANK EYE CENTER

Registration Form 2019

Last Name:________________ First Name:________________ MI:______

Address:____________________City:____________ST:______ZIP:______

Home Phone:________________ Work/Cell:________________

Social Security #:________________ Employer:________________

Date of Birth:____________ Age: _____ Gender: (M/F)_____Marital Status:____________

Ethnicity: American Indian or Alaska Native   Asian   Black or African American
Native Hawaiian or other Pacific Islander   White   Hispanic   Other Race   Declined to Specify

By what name do you wish to be called? ________________
Primary Language: English   Spanish   Other: ________________

Email: ________________________
Is this a medical condition due to an accident? Yes   No   If Yes, Date of Accident: ____________

Name of Family physician: ________________________
If patient a minor:
Responsible Party ________________ Relationship: __________ DOB:__________

MEDICAL INSURANCE INFORMATION:

Primary Insurance: ________________________

Name of Insured:________________ Insured Date of Birth:____________

Secondary Insurance: ________________________

Name of insured: ________________ Insured Date of Birth: ____________

VISION INSURANCE INFORMATION: ________________ **Member ID#:**____________

Name of insured: ________________ **Insured Social Security #:** ____________

Insured Date of Birth:________________

I am responsible for any financial obligations if self-pay and or any after insurance has been considered and will make arrangements to see that those obligations are met. This serves as permission to file insurance on my behalf.
I have been offered and/or received a copy of Frank Eye Center's Notice of Privacy Practice.
Please circle **YES** or **NO**, then sign signature and date please.
Frank Eye Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language services are offered in the following languages: Spanish, Chinese, German, Korean, Laotian, Arabic, Tagalog, Burmese, French, Japanese, Russian, Hmong, Persian, Swahili. Please call 785-242-4242 if this needed.

________________________ ________________
Signature   Date

________________________ ________________
Pt Representative   Date