Welcome To The Office
PROFESSIONAL EYECARE ASSOCIATES, INC
Todd Niemeier OD Andrew Moore OD Morgan Hussmann OD

PATIENT REGISTRATION FORM

PATIENT NAME_____
(LAST) (FIRST) (MI)

SOCIAL SECURITY #_____BIRTH DATE_____GENDER ___F ___M

HOME ADDRESS_____
(STREET) (CITY) (ST) (ZIP)

HOME PHONE_____CELL PHONE_____WORK PHONE_____

PATIENT EMPLOYER_____OCCUPATION_____

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RESPONSIBLE PARTY INFORMATION

___SPOUSE ___PARENT ___GUARDIAN

NAME_____
(LAST) (FIRST) (MI)

SOCIAL SECURITY #_____BIRTH DATE_____GENDER ___F ___M

ADDRESS_____
(STREET) (CITY) (ST) (ZIP)

HOME PHONE_____CELL PHONE_____WORK PHONE_____

EMPLOYER_____ OCCUPATION_____

RELATIVE_____PHONE_____ADDRESS_____

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PRIMARY INSURANCE	SECONDARY INSURANCE
NAME OF INS_____	NAME OF INS_____
POLICY HOLDER NAME_____	POLICY HOLDER NAME_____
BIRTH DATE_____SOC SEC_____	BIRTH DATE_____SOC SEC_____
POLICYID/GROUP#_____	POLICYID/GROUP#_____
EFFECTIVE DATE_____	EFFECTIVE DATE_____

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PLEASE READ CAREFULLY & SIGN: I, the undersigned, assign directly to this office all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges not paid by insurance. I understand that if any unpaid balance is assigned to a collection agency or attorney, I will be responsible for paying a collection fee of 33.3% that will be added to my account. I hereby authorize the doctor to release all information to secure the payment of benefits. I authorize the use of this on all insurance submissions. I have also been notified of the Notice of Privacy Practices from Professional Eyecare Associates.

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Do you own more than one pair of glasses?	Y	N	Do you work on a computer?	Y	N
Would you benefit from thinner, lighter lenses?	Y	N	Do you spend a lot of time outdoors?	Y	N
Are you bothered by restrictive windows, lines, or head tilting?	Y	N	Do you have problems with glare?	Y	N
Are there times when you would rather not wear glasses?	Y	N	Do you have sensitivity to light?	Y	N

Please let us know your hobbies: _____

How did you hear of our office _____