

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 _____

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 _____

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 _____

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.

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 _____