PATIENT REGISTRATION FORM

Thank you for your visit. Please let us thank Dr._____for referring you to us.

Patient name: _____

Phone # (hm) _____ (wk) _____ (cell) _____

Address: _____

City: _____, State: _____ Zip: _____

Birthdate: _____ Age: _____ Patient's SSN: _____

Preferred Language: _____

Race: Black, White or Other **Ethnicity:** Hispanic or NonHispanic
(Please circle answer)
Sex: Male or Female **Marital Status:** Single, Married, Divorced, or Widowed

Your Employer: _____

Spouse name, SSN & DOB: _____
(If they are the policy holder)
Guarantor's name & ssn
(If different than above): _____

(In case of emergency person/phone #) _____

Party responsible for payment: _____

Type of insurance: (Including Medicare)
1.) _____
2.) _____

Are you diabetic? _____ Are you on plaquenil?_____
Primary Doctor: _____Phone #_____
Diabetes Doctor: _____Phone #_____
Is your condition, accident or employment related? (Please circle answer if any)

The front desk will make copies of your driver's license and all insurance cards. Please bring to the front desk after reading the conclusion and signing your name at the bottom.

**I authorize payments of medical benefits to the office of John B. Saer, MD for services rendered in the clinic or in the hospital.
**I authorize the physician to furnish to my insurance company and my primary care physician all information which they may request.
**I understand that I am financially responsible to the physician for charges not covered by my insurance assignment.

(Signature): _____

JOHN B.SAER, M.D., Ph.D.,F.A.C.S.

A Professional Medical Corporation
Vitreo-Retinal Diseases and Surgery

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I acknowledge that I have received Dr. John Saer's offer to review his "Notice of Privacy Practices". This is available for review on patient's request.

_____
Name

_____
Patient's Signature

_____
Date

This acknowledgment page should be retained in patient's chart. If acknowledgment could not be obtained from patient, the reason must be documented below.

_____

_____

_____