

Patient:

DOB: The Children and Family Eye Doctors

Date:

CHILD REGISTRATION FORM (18 years of age and younger)

Gender: male female

Address apt # City State Zip

Father's / Partner Name Father's/Partner Social Security # Mother's / Partner Name Mother's / Partner Social Security #

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Father's / Partner cell phone Home phone Mother's / Partner cell phone

____/____/____ (required for insurance billing) ____/____/____ (required for insurance billing)

Father's / Partner birth date Mother's/ Partner birth date

Email address Email address

Address (if different from patient) Address (if different from patient)

Employer Employer

For billing purpose: Does child live with: __ mother & father; __ mother; __ father; other _____

PRIMARY Insurance Company _____ Subscriber Name _____

Subscriber's birthdate ____/____/____ (required for insurance billing)

SECONDARY Insurance Company _____ Subscriber Name _____

Subscriber's birthdate ____/____/____ (required for insurance billing)

VSP: YES NO Subscribers last 4 digits of ss# _____

Primary Care Doctor phone Referring Doctor phone

address address

Office visit claims are submitted to insurance companies based solely on the diagnosis and exam performed by the physician. We cannot change billing for the purpose of maximizing insurance payment and/or minimizing patient financial responsibility. I hereby authorize the release of any medical or other information necessary to process insurance claims billed on my behalf. I also authorize payment directly to the doctor for any benefits available under my insurance plan. I understand that I am financially responsible for any non-covered charges and charges incurred by a collection agency in collecting any unpaid balances. Should the account be referred for collections, the undersigned, or their agent, will be responsible for payment of collection fees, reasonable attorney fees and court costs. **There is a \$25.00 fee for appointments not cancelled within 24 hours prior to the appointment.**

Signature of responsible party date