



# REGISTRATION FORM

19987 1<sup>st</sup> Ave South, Suite 105  
Normandy Park, WA 98148  
Tel: 206-242-8545

## DEMOGRAPHICS - PLEASE PRINT

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
LAST FIRST INITIAL

If different from above, which first name do you prefer us to use? \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
*(This will only be used by us for the sole purpose of communicating with you)*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F Marital Status: Single Married Divorced Widowed  
MM/DD/YY

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ City: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## PRIMARY INSURANCE

Insured's Name: \_\_\_\_\_ Insured's Birth Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
MM/DD/YY

SSN of Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## SECONDARY INSURANCE

Insured's Name: \_\_\_\_\_ Insured's Birth Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
MM/DD/YY

SSN of Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## ASSIGNMENT AND RELEASE

To the best of my knowledge, the above is current and accurate. I understand that I am financially responsible for all charges not covered by my medical insurance. I certify that I (or my dependent) have insurance coverage and assign directly to B-Town Eyecare, all insurance benefits. I authorize the physicians to release all information necessary to secure payment from my insurance company. I authorize use of my signature on all insurance submissions:

Patient/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: This form is valid for one year from the date above