VISION SOURCE® BOLIVAR

ID/Notes:

PATIENT INFORMATION QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.
PLEASE COMPLETE ENTIRE FORM: Although some questions may not seem relevant, they may be important for future care.

*By filling out your registration paperwork **once a year,** you are giving your doctor permission to treat you and file to your insurance.*

Name: (Last, First, MI):	Date of Birth: / / Gender: M F
Social Security #:	Email Address:
Home Phone: ☐Primary	Cell Phone: ☐Primary
Street Address:	
City:	State:
Zip Code:	
Primary Care Physician: (First, Last and contact #)	

Race:	Ethnicity:	Preferred Language:
☐ American Indian or Alaskan Native	☐ Hispanic	☐ English
☐ Asian	☐ Not Hispanic	☐ Spanish
☐ Black or African American		☐ Other (Please List):
☐ Native Hawaiian or Pacific Islander		
☐ Caucasian		
☐ Other (Please List):		

Patient Disclosure Authorization

PRINT Patient Name: _____ DOB: _____

I authorize disclosure of my protected health information only in the specific manner to the specific individual(s) described below:

Name: _____Relationship: _____

Name: _____Relationship: _____

Name: _____Relationship: _____

HIPAA Notice of Privacy Practices.

I acknowledge I have read and/or received a copy of **Vision Source Bolivar's HIPAA Notice of Privacy Practices**.

Payment from my insurance is to be directly paid to Vision Source Bolivar. I understand that all benefits quoted to me are not a guarantee of payment from my insurance company and that final determination can only be made when the claim is processed.

I understand and agree that, (regardless of my insurance status) I am ultimately responsible for the balance of my account for any and all services rendered. I have completed the above answers and I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my status of the above information.

_____

Signature (if patient is a minor, guardian/parent signature is required) Date