



211 McAuley Court
 Hot Springs, AR 71913
 800-794-5600 • 501-624-0609
 501-624-6191 Fax

205 McAuley Court
 Hot Springs, AR 71913
 501-624-6330
 www.holteye.com

Patient Registration Form

This clinic accepts assignment on Medicare and Medicaid patients. All patients are expected to pay for non-covered services, their portion and the applicable copay on the date of service unless prior arrangements have been made. Thank you for your cooperation.

Patient's name: _____ Date of Birth: _____ Age: _____
First Mid Initial Last

Address: _____
Street or P.O. Box City State Zip code

Phone: () _____ Social Security no. _____ Male Female

Cell phone () _____ email: _____

Patient's employer: _____ Address: _____

Work Telephone () _____ Extension _____

Spouse: _____ Spouse's employer: _____

Spouse's daytime telephone: () _____ Extension _____

Please provide us with the name and telephone number of a friend or relative at a different address that we can contact in the event we are unable to reach you.

Name: _____ Telephone: _____

Insurance Information: Please provide us with current insurance card(s) so that we can make copies. We also file your coinsurance. If we have not heard from your coinsurance within two months after filing you are responsible for payment.

Referred by: _____

I hereby authorize the release of any information concerning my exam or treatment for insurance purposes only.

X _____

I hereby authorize payment directly to the physician.

X _____

I have received a copy of the clinic's Notice of Privacy Practices that became effective April 14, 2003 and was revised on Sept. 23, 2013.

X _____

Today's date: _____

Please read the statements above and sign in all three places if applicable. You can refuse to sign this acknowledgement.