



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

Children's 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: _____ DOB: _____ Age: _____
First Middle initial Last

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

Email address: _____ Male Female Social Security # _____

Mother: _____ Phone () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Social Security no. _____
 Employer: _____ Work Telephone () _____ Ext: _____
 Address: _____ City: _____ State: _____ Zip: _____

Father: _____ Phone () _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Social Security no. _____
 Employer: _____ Work Telephone () _____ Ext: _____
 Address: _____ City: _____ State: _____ Zip: _____

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: () _____ Ext: _____

Insurance Information: Please provide us with current insurance card(s) so that we can make copies.

Referred by: _____

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

I hereby authorize payment directly to the physician.

X _____

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.