



ROCKY MOUNTAIN EYE CENTER, INC. PATIENT REGISTRATION FORM

Today's Date _____

WELCOME TO OUR OFFICE! This form will aid us in ensuring that we submit your claim to your insurance company promptly and accurately. If your plan requires a referral, please provide it to the receptionist or advise us so that we may check to be sure we have received it. **THANK YOU.**

Payment for services or copay is expected at time of service.

PATIENT'S NAME FIRST M.I. LAST		NICKNAME	DATE OF BIRTH M F <input type="checkbox"/> <input type="checkbox"/>		SOC. SECURITY NO.
STREET ADDRESS		CITY AND STATE		ZIP CODE	MARITAL STATUS S M W D SEP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY AND STATE		ZIP CODE	HOME PHONE NO.
PATIENT'S E-MAIL			CELL PHONE		DAY PHONE
PATIENT'S EMPLOYER		ADDRESS	CITY	STATE	ZIP CODE BUSINESS PHONE
WHO IS YOUR PRIMARY CARE PHYSICIAN?	WHO REFERRED YOU TO US?		STUDENT	FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>
GUARANTOR'S NAME*	ADDRESS	CITY	STATE	ZIP CODE	PHONE
GUARANTOR'S DATE OF BIRTH	SOCIAL SECURITY NO.		GUARANTOR'S EMPLOYER		
IN CASE OF EMERGENCY NOTIFY			PHONE		

*Guarantor is person responsible for payment

Insurance: Please list the subscriber of the policy if other than the patient. List your primary insurance first.

PRIMARY _____ Policy # _____ Group # _____

Subscriber _____ **Subscriber's Date of Birth** _____

Subscriber's Employer _____

SECONDARY _____ Policy # _____ Group # _____

Subscriber _____ **Subscriber's Date of Birth** _____

Subscriber's Employer _____

How did you hear about Rocky Mountain Eye Center (RMEC)?

- I am a returning RMEC Patient
- Television Ad
- Radio Ad
- Newspaper Ad
- Family/Friend
- Doctor Referral
- Self
- RMEC Web Site
- Comcast Web Site
- Other _____

How can RMEC reach more new patients?

- More radio/t.v. ads
- More educational articles in local newspapers
- Monthly, free educational seminars
- Discount on services
- Postcard mailings
- Other _____