Blue Laser Group/Georgia Center For Sight

Date:	Account ID	Other ID	Internal Use

Patient Information

Last Name	First Name	M.I.	Gender	Marital Status	Birthdate	Social Security #

Address	Home: Work: Cell:	How did you hear of us?

City	State	Zip Code	Employer Name & Address:	Occupation:

Emergency Contact & Phone Number	Pharmacy & Phone Number	Email:

Physician — Family Physician — Referring Physician

Medical Insurance Name & Address	Policyholder	Relationship	Policy ID	Group ID
1)				
2)				
3)				

Guarantor (Person to be billed, if different than patient)

1. Last Name	First Name	M.I.	Gender	Marital Status	Birthdate	Social Security #

Address	Home:	Work:	Email

City	State	Zip Code	Employer Name & Address:	Occupation

2. Last Name	First Name	M.I.	Gender	Marital Status	Birthdate	Social Security #

Address	Home:	Work:	Email

City	State	Zip Code	Employer Name & Address:	Occupation

HIPAA Approved Contacts

1. Last Name	First Name	M.I.	Gender	Birthdate	Soc. Sec. #	Relationship

Address	City	State	Zip Code	Home:	Cell:	Work:

2. Last Name	First Name	M.I.	Gender	Birthdate	Soc. Sec. #	Relationship

Address	City	State	Zip Code	Home:	Cell:	Work:

Patient's or Authorized Person's Signature

I, the undersigned, give my authorization to treat and assign directly to Blue Laser Group/Georgia Center for Sight, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service.

I acknowledge receipt of the Practice's Notice of Privacy Practices, I authorize the Practice to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conductiong healthcare operations.

Signature **X**	**Signature Date**	**Blue Laser Group/Georgia Center for Sight** 651 South Milledge Avenue Athens, GA 30605 Phone: 706-546-9290

Please attach all pertinent insurance ID cards for photocopying.