



211 McAuley Court, Hot Springs, AR 71913 * 205 McAuley Court, Hot Springs, AR 71913

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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.

Date of Completion: _____ Date of Birth: _____ Age: _____

PATIENT: _____ Male Female Race: _____

Social Security # _____ Ethnicity: _____ Language: _____

Address: _____ Phone: _____

Are you allergic to Latex: YES or No If YES, please explain: _____

Are you allergic to any Medications: YES or No If YES, please list them below:

Parent or Legal Guardian: _____ Male Female Social Security # _____

Relationship to Patient: _____ Ethnicity: _____ Language: _____

Address: _____ Phone: _____

Parent Email Address: _____ Cell Phone: _____

Parent's employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Patient: _____ Language: _____

Primary Insurance: _____ Secondary Insurance: _____

Does your insurance require a referral? YES or NO Do you have a Co-Pay? Yes or No

Vision Plan: _____ Prescription Drug Coverage: _____

By signing this form, I hereby authorize:

- The release of any information concerning my exam or treatment for insurance purposes only.
- Payment directly to the physician.
- I have received / or was offered a copy of the clinic's Notice of Privacy Practices(NOPP) that became effective April 14, 2003 and was revised on September 23, 2013.
- I do not grant, I grant physician and staff to discuss my protected health information/personal information with anyone except as allowed by the HIPPA regulations as explained in the (NOPP), and to person(s) listed below:

Name	Phone	Relationship

NOTE: Please read the four statements above then check off the ones you are in agreement with. Please sign and date below, if applicable. You can refuse to sign this acknowledgement.

X _____

Parent or Legal Guardian Signature Here

Today's date: _____