Polaris Eye & Laser, Inc

Jeehee Kim, M.D. Eye Physician and Surgeon

New Patient Registration Form

Date _____

First Name _____ MI_____ Last Name_____

Address _____City _____State_____ Zip_____

Gender M / F Social Sec. No. _____ Date of Birth_____ Age_____

Phone (_____)_____(_____)_____(_____)_____

Home Work Mobile

Please indicate whether you are: □ Single □ Married □ Divorced □ Separated □ Widowed

Your Occupation _____ Employer _____

PRIMARY HEALTH INSURANCE

Name of Insurance Company _____

Name of Primary Insured _____ Group #_____

Insured's Identification Number_____

SECONDARY HEALTH INSURANCE

Name of Insurance Company _____

Name of Secondary Insured _____ Group #_____

Insured's Identification Number_____

Referral Information:

Who referred you to Polaris Eye & Laser? _____

Primary Care Physician, Name _____ Phone (_____)_____

Primary Pharmacy: Name _____

Street _____ City_____ Phone (_____)_____

Spouse, Parent, or Guarantor Information

Name _____ Employer_____

Employer address_____ City_____

Emergency Contact: Name _____ Relationship _____ Phone_____

Address _____City _____State _____ Zip_____

Consent and Acknowledgement of Receipt of Notice of Privacy Practices

I consent to the release of Protected Health Information used for the purposes of treatment, payment, insurance claims, or health care operations. Specific discourse for these purposes are outlined in Polaris Eye & Laser's *Notice of Privacy Practices*, which I have reviewed or been given the opportunity to review. I understand I have the right to restrict or revoke this consent in writing at any time and future disclosures will cease; however Polaris Eye & Laser Inc. is entitled to decline treatment should this restriction or refusal to consent result in impeding treatment, payment, or heath care operations. I expressly acknowledge I have received a copy or been given the opportunity to review Polaris Eye & Laser, Inc's Notice of Privacy Practices, also posted on the website www.polariseye.com.

_____ _____

Patient or Authorized Representative date

_____

Witness (Polaris Eye & Laser, Inc. staff)