Bellingham Bay Ophthalmology, PLLC

Patient Information

Last Name:	First Name:	Middle:	Gender:	Marital Status:	Birthdate:

Preferred Name:	Language:	How did you hear about us?

Address: Address 2:	Race: ❑American Indian ❑Asian ❑Black ❑Pacific Islander ❑White ❑Other	Employer:	Pharmacy Name and Location:
City: Zip C Sta		Home Phone: Cell Phone: Email: May we send emails & texts to you? Yes____ No ____	

Referring Physician: Primary Care Physician:	Ethnicity: (Circle One) HISPANIC/LATINO OR NOT HISPANIC/LATINO

Primary Medical Insurance:	Copay:	Policy Holder:	Subscriber ID / Group ID:	DOB:
Secondary Medical Insurance:	Copay:	Policy Holder:	Subscriber ID / Group ID:	DOB:
Vision Insurance:	Copay:	Policy Holder:	Subscriber ID / Group ID:	DOB:

Guarantor: (Person to be billed, if different than patient- Must Enter Guarantor's Birthdate or Bill will be sent to Patient)

Last Name:	First Name:	Middle:	Gender:	Birthdate:

Address:	Employer:	Relationship to Patient:

HIPAA Approved Contacts: Anyone we can discuss your care with:

Last Name: ER Contact Only: ❑	First Name: Discuss Patient Care: ❑	Phone: Discuss Patient Care & ER Contact: ❑	Relationship:
Last Name: ER Contact Only: ❑	First Name: Discuss Patient Care: ❑	Phone: Discuss Patient Care & ER Contact: ❑	Relationship:

Patient or Authorized Person's Signature: Please Read before signing

I, the undersigned, give my authorization to treat and assign directly to Bellingham Bay Ophthalmology, PLLC, 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.

☐ By **initialing** here, I agree that I have received a copy (or deferred offer to take one) of the Notice of Privacy Practices of BBO, PLLC.

Signature: **Signature Date:**