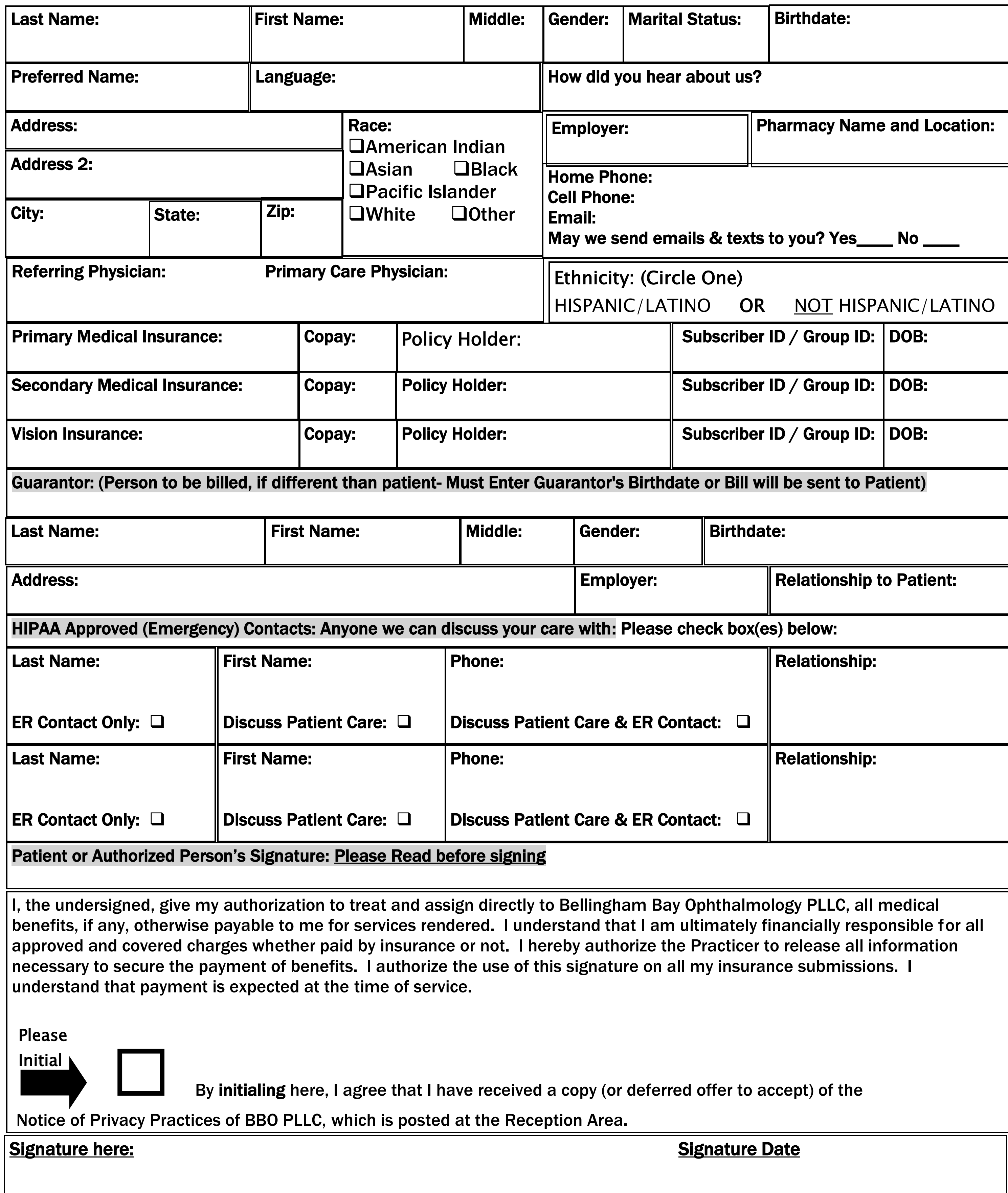
Bellingham Bay Ophthalmology PLLC
(New) Patient Information



Last Name:	First Name:	Middle:	Gender:	Marital Status:	Birthdate:
Preferred Name:	Language:		How did you hear about us?		

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

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 (Emergency) Contacts: Anyone we can discuss your care with: Please check box(es) below:

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

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 paid by insurance or not. I hereby authorize the Practicer 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.

Please Initial ❑

By **initialing** here, I agree that I have received a copy (or deferred offer to accept) of the Notice of Privacy Practices of BBO PLLC, which is posted at the Reception Area.

Signature here: **Signature Date**