Patient Registration

Name, Date of Birth, and Relation of individuals authorized to share you medical records, medical info, and medical treatment with:

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Dilating Eye Drops:

Dilating drops are used to dilate or enlarge you pupils. This allows the Ophthalmologist a full view of the inside of your eye. Dilating drops will blur you vision for a length of time that varies from person to person and might make bright lights bothersome or painful to look at. It's not possible for an Ophthalmologist to know how this will affect your vision. After your dilated exam driving may be difficult. As a result you may want to make arrangements for transportation before you exam.

Patient Financial Responsibility:

I recognize, understand, and accept that I am financially responsible to the doctor for all charges, balances, or fees not covered in the event I have no insurance, my insurance is rejected, or the doctor is out of network. I understand that if for any reason my insurance company does not pay my bill in ninety days, I will be financially responsible. I also understand that I am responsible for any deductible, copayment, or coinsurance and will be collected when I check in for my appointment.

Release of Information:

I hereby authorize Alexander Katz, M.D. to release information acquired in the course of my examination and treatment to my insurance company, or patient's employer if Workman's Compensation.

Acknowledgement:

I acknowledge that the privacy practices of this office are available upon request. I attest that I have read and understand the Patient Registration form. All questions regarding this form have been answered.

X____

Patient's Signature   Date