



Harkins Eye Clinic

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Date: _____

www.harkinseyeclinic.com

Name (prefix & suffix): _____

Responsible Party (Self, Parent, or POA) _____

Address: _____

Zip Code: _____

City: _____ State _____ Sex M F

Ethnicity: _____ Hispanic or Latino _____ Non-Hispanic or Latino _____ Unknown _____ Declined to Specify

Race: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ White

_____ Native Hawaiian or Other Pacific Islander _____ Other Race _____ Declined to Specify

Preferred Language: _____ Preferred Phone # _____ Cell # _____

Email: _____ Work # _____

Marital Status (circle): Single Married Separated Widowed Divorced

Date of Birth: ____/____/____ Social Security #: ____-____-____

Employer: _____ Occupation: _____

Spouse: _____ Spouses Occupation: _____

Emergency Contact Name: _____ Emergency Phone: _____

Name of Primary Insurance: _____ Name of Secondary Insurance _____

Insured's Name, Date of Birth, & SSN: _____

Primary Care Physician: _____

Were you referred by someone, if YES, by who? : _____

If under the age of 18, parents name and phone: _____

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this form and have completed all the blanks. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in the above information.

Signature _____ Date _____

Parent (if minor) _____ Date _____

NOTICE OF PRIVACY PRACTICES RECEIPT

I have been made available copy of the Notice of Privacy Practices for Harkins Eye Clinic containing a complete description of the uses and disclosures of my health information. I understand that Harkins Eye Clinic has the right to change its Notice of Privacy Practices if necessary and that I may contact this office at any time to obtain a current copy of the Notice.

Patient Signature: _____

Representative Signature: _____

Relationship to Patient: _____

Date Signed: _____