Fornara Eye Center PC
199 S. Candy Lane Suite 2A
Cottonwood, AZ 86326
928-634-2883

Patient Registration

Please verify the following information, make necessary changes and supply any missing information.

Patient Information

Patient Name (First, Middle, Last)	Suffix (Jr.,Sr.)	Salutation (Mr.,Ms.)	Nickname	Date of Birth	Today's Date	Social Security #	Birth State	Sex	Age

Address	Address Type (Home, Billing Address, Office/Business)	Country

Home Phone	Cell Phone	Work Phone / Ext	Email Address

Primary Language	Special Needs	Marital Status	Preferred Communication (Cell, Email)	Mother's Maiden Name	Plan Type

Gender Identity (Male, Female, Male-to-female transsexual, Female-to-male transsexual)	

Race	Race 2	Ethnicity	Ethnicity 2

Employer	Occupation

Responsible Party Information

Patient's Relationship to the Responsible Party (Self, Spouse, Child)

Responsible Party's Name (Salutation, First, Middle, Last)	Date of Birth	Home Phone	Cell Phone	Work Phone / Ex

Address (Street, City, State, ZIP)	Email Address	Social Security #	Gender

Statement Last Sent	Last Payment Received	Insurance Balance	Total Balance

Primary Insurance

Insured's Name	Date of Birth	ID Number

Insurance Company Name	Insurance Co. Phone

Insurance Company Address	PAY %

Group Name	Group Number	Copay

Secondary Insurance

Insured's Name	Date of Birth	ID Number

Insurance Company Name	Insurance Co. Phone

Insurance Company Address	PAY %

Group Name	Group Number

Contacts

Name/ Relationship/ Address	Title/ Specialty	Emergency Contact	Release of Medical Information	Phone

Referrals

Firm/Organization/Name	Phone	Address	Reason	Authorization Number