235 S. Elliott Rd
Chapel Hill, NC 27514
P 919.968.4774 F 919.942.5291
Dr. Laurel Gropper & Dr. Scott Sikes

Name ______________________________ **Date** ______________
Address ____

City ______________________
State ______________________
Zip ______________________
Date of Birth ______________________
Occupation ______________________
Cell Phone ______________________
Home Phone ______________________
Business Phone ______________________

Preferred method of contact:
- ☐ Text
- ☐ Best Phone Number ______________
- ☐ Email ______________________
____

Would you like to be notified via email of office promotions and events? Y N

Race ____________ **Ethnicity** ______________________ **Preferred Language** ______________

Marital Status
- ☐ Single
- ☐ Married
- ☐ Other

Gender
- ☐ Male
- ☐ Female

If you are under 18: Parent's Name
____

Emergency Contact Person
____
Relation to you ______________________
Their Phone Number ______________________

How did you hear about our office?
- ☐ Phonebook
- ☐ Web site
- ☐ Search Engine
- ☐ Social Media
- ☐ Insurance Co.
- ☐ Doctor*
- ☐ Friend/Relative*
- ☐ *Their Name ______________________

Primary Insurance:
- ☐ BC/BS
- ☐ Medicare
- ☐ United Healthcare
- ☐ Superior Vision
- ☐ Other__________

Please Read and Sign Both Paragraphs

Health Insurance Portability and Accountability Act of 1996(HIPAA) requires that we make available to you our Notice Of Privacy Practices. If the patient is a minor, the parent or legal guardian will sign on their behalf. I acknowledge that a copy of The Notice of Privacy Practices has been made available to me.

Signature ____________________ **Patient Name** ____________________ **Date** __________

I authorize the release of any medical information necessary to process my claims and request payment for medical services are issued to Chapel Hill Eyecare. I further understand that reasonable effort will be made to collect the amount due. However, I am ultimately responsible for the timely payment of this account.

Signature ____ **Date** ______________

Please Present Your Insurance Card(s) to the Front Desk