Patient Registration **David J. Smith, M.D., P.A.**
Eric S. Dunn, M.D.

You are responsible for all incurred charges at the time they are provided. We will submit charges to your insurance company. However, submitting your claim does not release you from responsibility for any charges the insurance does not cover. Should a collection agency become involved, you will be liable for added fees.

Patient Information

Last Name ____________________
First Name ____________________
Address ______________________
Apt # ________
City _________________
State and Zip _________________
Home Phone _________________
Cell Phone ___________________
Date of Birth ____________

Middle Initial ________
Spouse's Name ______________
Spouse's DOB ____________
Patient's Sex M/F ________
Local Pharmacy ________________
Pharmacy Address __________________
Pharmacy Phone Number ____________
Email Address ____________________
Social Security # _________________

Primary Doctor Information (Required)

Name __________________
Address _______________________________
Phone _________________

If Under 21

Mother's Name _______________
Mother's DOB _______________
Father's Name _______________
Father's DOB ________________

Insurance Information

Please give card(s) to receptionist
*Is this a routine visit? _________
Is this work related? __________
If yes, employer ___________
Employer Address ______________
Employer Phone Number __________
*Auto Accident? __________
Date of Accident ________

YOU ARE RESPONSIBLE TO KNOW ANY AND ALL LIMITATIONS ON YOUR INSURANCE INCLUDING DEDUCTIBLES, CO-PAYS AND NEED FOR REFERRALS. YOU MUST GET YOUR OWN REFERRALS PRIOR TO BEING SEEN. UNPAID BALANCES WILL ACCURE 1.5% A MONTH AFTER 90 DAYS.

*We do NOT accept auto Auto Insurance without prior arrangement.
I will provide additional information as needed by the insurance company.
I authorize the release of any medical information necessary to process this claim.
I authorize payment of all benefits to David J. Smith MD., PA.

Signed _______________________ Date _________________

Privacy Statement

David J. Smith, M.D., P.A.
Eric S. Dunn, M.D.

We will use your medical information only for medical, billing, and legally required reasons. We will not share, loan, or sell your medical, personal, or insurance information with any non-affiliated party for marketing or other commercial reasons. We are associated with Shore Optical in Marmora, NJ and Galloway, NJ and Kremer Laser Eye Center of King of Prussia, PA.

If you use Medical Insurance, the Insurance Company has a right to your medical records as a matter of fact.

Your records may be requested and reviewed by governmental agencies, regulatory agencies (both governmental and non-governmental), insurance companies, and law enforcement as required by law. We will protect patient identity as much as permitted by law and statue.

We have discussed privacy rules with our transcription service, answering service, and our other affiliates. They are also bound by HIPPA.

We will share your information with your primary care doctor and other healthcare providers as noted on your information sheet or card and pharmacists as you request for prescriptions. If you wish that we do not communicate with your healthcare provider(s), please request us not to do so and we will do our best to comply. Be aware that certain insurances require a written report be sent to your healthcare provider, and oftentimes to the insurance company.

We will not provide your medical information to other non-authorized third parties without your written authorization except as noted above and below. We may waive the requirement for written authorization in cases of emergencies and direct doctor to healthcare provider communications. We will provide your glass and contact lens information to providers as you direct us. Written authorization is not required.

We do protect your medical and financial information by not allowing non-employees access to the medical record areas without an employee present. Our employees have been trained in patient privacy. The offices are protected by security systems.

All computerized information is stored in a password protected system and access is limited o the employees need to know. Electronic transfer of information has been tested and verified as protected and meets current requirements.

If you for any reason would like greater protection of your personal, medical or financial information, please inform the receptionist before registering.

______________________________ __________________

Authorized Signature Date

Telephone Consumer Protection Act

David J. Smith, M.D., P.A.
Eric S. Dunn, M.D.

You agree, in order for us to service your account or collect monies you may owe, DAVID J. SMITH, M.D., P.A./ERIC S. DUNN, M.D. and/or our agencies may contact you by telephone at any telephone number associated with your account, including cell phone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre recorded/artificial voice messages and or/use of automatic dialing devices, as applicable.

I/we have read this disclosure and agree that DAVID J. SMITH, M.D., P.A./ERIC S. DUNN, M.D., its employees, and/or agents may contact me/us as described above.

____________________________ _______________

Authorized Signature Date