

# Gayle Shimokaji, MD

Diplomat American Board of Ophthalmology • Pediatric and Adult Ophthalmology

Disease and Surgery of the Eye • Plastic Surgery

1000 South Eliseo Drive • #203 • Greenbrae, California 94904 • 415-925-2020

## NEW PATIENT REGISTRATION RECORD

Patient Name: (Last, First, Middle)		Birthdate	Sex: Male <input type="radio"/>	Phone		
			Female <input type="radio"/>			
Street Address		City	State	Zip		
Status:	Married <input type="radio"/>	Single <input type="radio"/>	Divorced <input type="radio"/>	Separated <input type="radio"/>	Widow <input type="radio"/>	Minor <input type="radio"/>
Social Security Number		Driver's Licence Number				
Employer		Occupation				
Work Address		Phone				
Name of spouse or parent: (Last, First, Middle)		Birthdate	Social Security Number			
Employer		Occupation				
Work Address		Phone				
Name of person to notify in an emergency		Relationship to patient	Phone			
Who referred you to our office?						
Name of insurance company		Name of insured (if other than patient)				
Address of insurance company		ID#	Group #			

### Please Read and Sign

Routine eye exams, refraction (glasses prescription), contact fitting or contact lenses, may not be covered by insurance; In these cases the patient is responsible for payment. A referral is not a guarantee of payment. It is your responsibility to know your coverage.

If a referral is needed and is not obtained at the time of the visit, you will be responsible for payment. I, the undersigned, have Insurance coverage with the above named carrier(s), and assign directly to:

Dr. Shimokaji & Kojima all surgical and/or medical benefits including any major medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid for by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits not paid by Insurance. I hereby authorize the doctor to release all information necessary to secure payment of the benefits.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_