UTAH EYE CENTERS

PATIENT REGISTRATION FORM

UTAH EYE CENTERS
bringing life into focus

Today's Date: _____

PATIENT INFORMATION

Last Name:	First:	Middle:	Gender: ☐Male ☐Female
Marital Status: ☐Married ☐ Single ☐Divorced ☐Widow/Widower ☐ Other	Spouses Name (if applicable):	Patient's Date of Birth:	Preferred Language:
Address:		City:	State: Zip:
Social Security Number:		Email Address:	
Preferred method of contact: ☐Phone ☐Email ☐Text		Home Phone:	Cell Phone:

Ethnicity: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Caucasian/ White

Work and School: ☐ Full-time ☐ Part-time ☐ Doesn't work ☐ Elementary Student ☐ High School Student ☐ College Student

Living Situation: ☐ Lives with family ☐ Lives Alone ☐ Lives in a facility

Occupation:	Employer:	Employer Address:	Employer Phone:

Emergency Contact:	Phone:	Family Physician:
Preferred Pharmacy:	Phone:	Location:

PERSON RESPONSIBLE FOR ACCOUNT (if other than self):

Name:	Relationship:	Date of Birth:
SSN:	Employer:	

INSURANCE INFORMATION

Primary Medical Insurance:		Policy Number:	Group Number:
Policy Holder:	Relationship:	Date of Birth:	
SSN:	Employer:		

Secondary Medical Insurance:		Policy Number:	Group Number:
Policy Holder:	Relationship:	Date of Birth:	
SSN:	Employer:		

Tertiary Medical Insurance:		Policy Number:	Group Number:
Policy Holder:	Relationship:	Date of Birth:	
SSN:	Employer:		

Do you have one of these vision plans?	VSP ☐	EYEMED ☐	Other:

Whom may we thank for referring you?

By signing this document, I confirm my information to be correct.

_____
Signature

Employee Initials _____

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WRITTEN EXPLANATION OF ARBITRATION

1. A binding arbitration agreement requires a patient to submit all future medical malpractice claims to arbitration instead of having those claims heard in a court by a judge or jury.

2. An arbitrator is a person chosen to resolve disputes after hearing the information presented by both sides. A panel of three arbitrators will hear the information presented by both sides and then render a final decision. You select an arbitrator, your doctor selects an arbitrator, and you and the doctor agree on a third arbitrator. In the event we cannot agree, the third arbitrator will be selected by the other two arbitrators from a court-issued list of arbitrators. You and your doctor may also agree that the dispute be heard by only one arbitrator.

3. You pay for the fees and expenses of your arbitrator, the doctor pays for his or her arbitrator, and the fees and expenses of the third arbitrator are shared equally. Should the parties agree that only one arbitrator be selected, the parties will equally share the fees and expenses of the arbitrators.

4. You have the right, at your expense, to be represented in arbitration by an attorney.

5. By choosing arbitration, you also have the right to require mediation. Mediation occurs before arbitration. Mediation is a process by which a neutral person tries to help the parties reach a mutually agreeable resolution of their dispute. The cost of mediation is shared equally.

6. Whether you sign the arbitration agreement or not, is up to you. You will not be treated any differently if you choose not to sign the agreement.

7. You have the right to rescind the agreement within ten (10) days of signing the agreement.

8. The arbitration agreement is automatically renewed each year unless it has been cancelled in writing before the renewal date.

9. You have the right to have all of your questions about arbitration answered.

I have read and understand the foregoing Written Explanation of Arbitration and agree to the terms outlined. I have had the opportunity to ask questions and have my questions answered.

_____ I have received a copy of the complete Arbitration Agreement

_____ I have declined a copy of the complete Arbitration Agreement

_____ _____

Name of Patient Date

_____

Signature of Patient or Patient's Representative