

DR. _____
 OFF. _____
 DATE _____
 TIME _____



PATIENT NUMBER _____

PATIENT INFORMATION

PATIENT NAME (LAST)		(FIRST)	(M.I.)	SSN:	
HOME PHONE	SEX	DATE OF BIRTH (DOB)	AGE	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
ADDRESS				APT. SPACE/UNIT#	
CITY				STATE	ZIP
PATIENT'S EMPLOYER (Guarantors if patient is a minor or unemployed)				OCCUPATION	
EMPLOYER'S ADDRESS				WORK PHONE	
CITY				STATE	ZIP
REASON FOR VISIT			REFERRING PHYSICIAN	HOW DID YOU HEAR ABOUT OFFICE?	
WHO TO NOTIFY IN CASE OF EMERGENCY			PHONE	RELATIONSHIP	
ADDRESS			CITY	STATE	ZIP

GUARANTOR INFORMATION

GUARANTOR NAME (LAST)		(FIRST)	(M.I.)	D.O.B.	SSN:	HOME PHONE
GUARANTOR ADDRESS				CITY	STATE	ZIP
GUARANTOR EMPLOYER				OCCUPATION		WORK PHONE
GUARANTOR EMPLOYER ADDRESS				CITY	STATE	ZIP

INSURANCE INFORMATION (Please have receptionist copy your insurance cards).

1	PRIMARY INSURANCE CO				PHONE
ADDRESS			CITY	STATE	ZIP
POLICY HOLDER NAME				SSN:	
RELATIONSHIP TO PATIENT			POLICY HOLDERS EMPLOYER		
POLICY #		GROUP#		EFFECTIVE DATE	
2	SECONDARY INSURANCE CO				PHONE
ADDRESS			CITY	STATE	ZIP
POLICY HOLDER NAME				SSN:	
RELATIONSHIP TO PATIENT			POLICY HOLDERS EMPLOYER (if different from 1)		
POLICY #		GROUP#		EFFECTIVE DATE	

The above information is complete and correct. I hereby authorize release of information necessary to file a claim with my insurance company and I assign benefits otherwise payable to the doctor or group indicated on the claim. I understand that I am financially responsible for all charges for medical services rendered regardless of insurance coverage. Unless your insurance is a Vision Policy, **Refraction** Charge is not covered. Payment is patient's responsibility. A copy of the signature is as valid as the original. If patient's account is over paid and a credit is smaller than \$2.00, a refund check will not be issued, due to handling expense.

 PATIENT SIGNATURE

 DATE

 GUARANTOR SIGNATURE