WELCOME

PATIENT INFORMATION

Date _____ Title_____
Name _____ MI ____ _____
Nickname _____
Birthdate _____ ☐ Male ☐ Female
Address _____
City _____
State _____ Zip _____
Social Security # _____
E-Mail _____
☐ Minor ☐ Single ☐ Married ☐ Widowed
☐ Legally Separated ☐ Divorced
If minor, name of parent(s)/guardian(s) _____

Home Phone _____
Work Phone _____
Cell Phone _____
Employer/Occupation_____
☐ Full Time ☐ Part Time ☐ Student ☐ Retired
Spouse's Name _____
Spouse's Birthdate _____
Spouse's SS# _____
Spouse's Employer _____

PERSON RESPONSIBLE FOR ACCOUNT

☐ Same as Patient ☐ Other than Patient (Please complete info below)

Name _____
Birthdate _____
Address _____
City_____ State _____ Zip _____

Employer _____
Daytime Phone _____
Relationship to Patient _____

CASH PAYMENT

We offer a time of service discount on examinations and diagnostic procedures **if paid on the day of service** (does NOT include Optomap or contact lens service fee). This represents the savings in time and resources to us for not becoming involved in billing you or an insurance company.
☐ I have read and prefer this option

VISION INSURANCE

Insurance Co. _____
ID # _____
Group # _____ Birthdate _____
Subscriber _____
Relationship to Patient _____
Subscriber's Address _____

MEDICAL INSURANCE

Insurance Co. _____
ID # _____
Group # _____ Birthdate _____
Subscriber _____
Relationship to Patient _____
Subscriber's Address _____

IS PATIENT COVERED BY ANOTHER INSURANCE?

☐ Yes ☐ No
Insurance Co. _____
ID # _____

Group # _____
Subscriber Name _____
Relationship to Patient _____

MEANINGFUL USE

Language ☐ English ☐ Spanish ☐ Other
Race ☐ American Indian/Alaskan Native ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Asian ☐ Hispanic ☐ Russian ☐ Other _____
Ethnicity ☐ NOT Hispanic or Latino ☐ Native Hawaiian/Pacific Islander ☐ Hispanic or Latino ☐ Other _____ ☐ Decline
Preferred Communication ☐ Email ☐ Postal ☐ Telephone

IF YOU ARE NEW TO OUR OFFICE, WHOM MAY WE THANK FOR REFERRING YOU? _____ IF NOT REFERRED, HOW DID YOU SELECT OUR OFFICE? ☐ Insurance Company ☐ Community Directory ☐ Marketing Flyer ☐ Splash ☐ Sign/Building ☐ Yellow Pages ☐ Our Website

Signed _____ Date _____