EYECARE ASSOCIATES PATIENT INFORMATION

NAME	PREFERRED NAME		DATE
HOW WERE YOU REFERRED TO	US	MARITA	AL STATUS
ADDRESS	CITY	STATE	ZIP
E-MAIL			
BIRTH DATE	GENDER SOCIAL SEC	CURITY NUMBER	XXX - XX
HOME PHONE	WORK PHONE		
CELL PHONE	EMPLOYER		
VISION INSURANCE	INSURED NAME	 	
MEDICAL INSURANCE	INSURED ID		
SPOUSE / PARENT	EMPLOYER		·
	MEDICAL HISTO		
LIST ANY SIGNIFICANT MEDICA	L PROBLEMS		
LIST ANY MEDICATIONS YOU T	AKE REGULARLY		
	RGIC TO		
	OUR FAMILY HAVE A HISTORY OF I		
	ABETES, OR HYPERTENSION? IF SO,	ŕ	,
,	,		
I CURRENTLY WEAR: □ EYEGLA	ASSES SUNGLASSES CONTACTS	S. NOTE TO CONTA	ACT LENS WEARERS:
A COMPREHENSIVE EYE E	EXAM DOES NOT INCLUDE CO	NTACT LENS SI	ERVICES. THE FITTING
OF CONTACT LENSES REO	UIRES ADDITIONAL TIME AN	ID TESTING. A	
CHARGED (INITIAL			
(INTIAL	9		
WHAT TYPES OF HOBBIES DO Y	OU ENJOY OR PARTICIPATE IN?		
DO YOU PARTICIPATE IN A FLEX	XIBLE SPENDING PLAN OR HEALTH	SAVINGS ACCOUN	NT? YES NO
	INSURANCE/HIP	AA	
kept confidential. I, the patient, KNC payment to the physician herein for morocessing of insurance. Co-payments my insurance will pay. My insurance reason all amounts due are my resport 1.5% of the balance may be added to Should my balance be turned over to attorney's fee added to my balance. A	copy of the office's Notice of Privacy Pra DW MY INSURANCE COVERAGE. I au nedical services rendered. I authorize the p is and deductibles are due at time of service may be billed for me but in the event insu- nsibility after that time and expected to be amount past due over 60 days and a service a Collections Agency, I understand there are any Materials ordered and not picked up we signature is valid as the original. I HAVI	othorize my insurance obysician to release an e. I understand my deurance does not pay in paid in full within 15 ce fee of \$20 may be a will be a 40% collectivithin 60 days will be	to be billed and I authorize y information required in the eductible must be paid before a full within 60 days for <i>any</i> days. A service charge of added for returned checks. ons fee and any reasonable returned to stock and the
CICNATUDE		DATE	