PLEASE COMPLETE ALL INFORMATION
ACCT NUMBER _____ (To be filled in by office)

Name:	**Date of Birth:**
Address:	**Social Security #:**
City:	**Sex:**
State:	**Marital Status: □ Single □ Separated**
Zip:	**□ Married □ Divorced**
Home Phone#:	**□ Widowed**
Work Phone#:	**Out of Town Address:**
Cell Phone#:	
Race: □ White □ Native Hawaiian □ Black/African American □ Asian	
□ American Indian/Alaska Native □ More than one race □ Refused to report	
Ethnicity: □Not Hispanic/Latino □Hispanic/Latino □Refused to report	
Language: □English □Spanish □Other:	

GUARANTOR INFORMATION (PERSON RESPONSIBLE FOR ACCOUNT)

Name:	**Date of Birth:**
Address:	**Social Security#:**
City:	
State:	
Zip:	**Emergency Contact:**
Home Phone#:	**Emergency Phone #:**
Work Phone#:	**Relationship to Patient:**
Cell Phone#:	

INSURANCE INFORMATION

Primary Insurance:	**Secondary Insurance:**
Policy #:	**Policy #:**
Group #:	**Group #:**
Group Name:	**Group Name:**
Copay:	**Copay:**
Subscriber Name:	**Subscriber Name:**

Authorization To Release Medical Information. I authorize the release of my information to my insurance company and the assignment of benefits from my insurance company to The Eye Center.

Patient responsibility for Payments: In being accepted as a patient of The Eye Center I realize that I am responsible for all charges incurred. Payment for services is due the day services are provided. I understand The Eye Center will file my insurance for me, but I am responsible for deductibles, co-payments, uncovered services and claims denied by my insurance company. I understand that if I am sent to collections for unpaid balances, I will be charged a $25.00 collection fee for processing the account.

Receipt of Notice of Privacy Practices: I have received a copy of the Notice of Privacy Practices that describes how my health information is used and shared. I understand that The Eye Center has the right to change this notice at any time. I may obtain a current copy by contacting The Eye Center.

_____ _____

Signature (patient or parent if minor) Date