

## Patient Information

### Please Print

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/ PO Box

City

State

Zip

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female (Circle one) Social Security # \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Can we text or email you with appointment reminders (Circle one): Yes No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address/Phone \_\_\_\_\_

Please Circle One: Single Married Separated Divorced Widowed

Preferred Pharmacy: \_\_\_\_\_ Initial if we can download your medicines: \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Name of Referring Physician (if applicable) \_\_\_\_\_

### Responsible Party:

☐ Self Only → Skip to Insurance Information

☐ Other Guarantor → Complete This Section

Guarantor's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ Patient Relationship to Guarantor: ☐ Child ☐ Spouse ☐ Other

Address (if different) \_\_\_\_\_

### Insurance Information:

Primary Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Insurance Authorization & Assignment:

The above information is true to the best of my knowledge. I consent to the use and disclosure of my protected health information for treatment, payment and health care operations. I authorize my insurance benefits be paid directly to MS Eye as indicated on the claim. I understand that I am financially responsible for all fees and balances, regardless of insurance coverage. Also, I understand that I am responsible for all legal fees, attorney fees, collection fees, and any other charges involved in collection of my account should it be in default.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date