

PERSONAL INFORMATION

Name _____ Birthdate _____
 Mailing Address _____
 City, State, Zip _____
 Spouse/Parent Name _____
 ___ Male ___ Female ___ Minor ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated
 Soc. Sec. # _____
 Home Phone# _____ Employer: _____
 Work Phone _____ Occupation: _____
 Cell Phone _____ E-Mail _____
 Where do you prefer to receive calls? ___ Home ___ Work ___ Cell
 When is the best time to reach you? Time _____ Days _____
 In the event of an emergency, who should we contact?
 Name _____ Relationship _____ Work # _____ Home# _____
 Family Physician: _____ Pharmacy: _____
 Referred By _____

INSURANCE INFORMATION

Vision Insurance	Medical Insurance
Name of Insured _____	Name of Insured _____
Relationship to patient _____	Relationship to patient _____
Insured's birthdate _____	Insured's birthdate _____
Soc. Sec.# _____	Soc. Sec.# _____
Insurance Company _____	Insurance Company _____
ID # _____	ID# _____
Group # _____	Group # _____

Authorization and Release

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payors and/or other health practitioners.

I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me.

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Armstrong Eye Care Associates, P.C. for any services furnished me by physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare Services and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X _____

Signature of patient or parent if minor

Financial Arrangements

For your convenience, we offer the following methods of payment.

PAYMENT IN FULL IS DUE AT EACH APPOINTMENT. PLEASE CHECK WHICH YOU PREFER:

___ Cash ___ Personal Check
 ___ Credit Card ___ Visa ___ MC ___ AE ___ DISC