

Patient Information

Name _____ SS/HIC/Patient ID # _____
Last Name First Name Middle Initial

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____

Sex M F Age _____ Date Of Birth ____/____/____ Married Widowed Single
 Minor Divorced

Patient Employer/School _____ Occupation _____

Employer/School Address _____ Employer/School Phone (____) _____

Emergency Contact _____ Phone # (____) _____

Primary Physician _____ Physician Phone # (____) _____

Referring Physician/ Person _____ Office Phone # (____) _____

How did you hear about our office? _____

Primary Insurance

Subscriber _____
Last Name First Name Middle Initial

Relation to Patient _____ Date Of Birth ____/____/____ Social Security.# _____ - _____ - _____

Insurance Provider _____

Contract # _____ Group # _____

Additional Insurance

Covered by additional insurance? Yes No

Subscriber Name _____ Relation to Patient _____ Date Of Birth ____/____/____

Insurance Provider _____ Soc. Sec. # _____

Contract # _____ Group # _____

Assignment and Release

I certify that I, and/or my dependent(s), have active coverage under the listed contract(s) above. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize payment to the Bergman Porretta Eye Center and/or Professional Eyewear Designs. I understand that I am responsible for all costs of Medical Treatment and/or Optical Purchases. I authorize this office to perform such Diagnostic and Medical Procedures as necessary for proper eye care. The Bergman Porretta Eye Center and/or Professional Eyewear Designs may use my health care information and may disclosure such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits of the benefits payable for related services.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please print name of Patient, Parent, Guardian or Personal Representative

Relationship to Patient