



Please check box if you wish to be contacted via e-mail or text for appointment reminders.

In order for us to better serve you, we ask that you complete the following information form. Your cooperation and comments are welcomed.

NAME \_\_\_\_\_ Marital Status: Single/Divorced, Married, Other  
(Please Circle One) Mr., Mrs., Ms., Dr., Sr., Miss

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SPOUSE OR PARENT'S NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

STATEMENTS ARE TO BE MAILED TO: \_\_\_\_\_  
LAST FIRST INITIAL

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

NAME OF REFERRING PHYSICIAN OR OPTOMETRIST \_\_\_\_\_

IF REFERRED IN ANOTHER FASHION, PLEASE LIST SOURCE \_\_\_\_\_

**EMPLOYMENT INFORMATION**

PATIENT'S OR RESPONSIBLE PARTY'S EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**FOR USE IN CASE OF EMERGENCY**

NAME OF NEIGHBOR, FRIEND OR RELATIVE (NOT LIVING WITH THE PATIENT) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**INSURANCE INFORMATION**

MEDICARE NUMBER \_\_\_\_\_ INSURED'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

OTHER INSURANCE CO. \_\_\_\_\_ INSURED'S SSN \_\_\_\_\_

ID/POLICY # \_\_\_\_\_ INSURED NAME & RELATIONSHIP \_\_\_\_\_

GROUP # \_\_\_\_\_

**INSURANCE AUTHORIZATION AND CONSENT FOR EXAMINATION (PLEASE READ AND SIGN)**

I HEREBY AUTHORIZE THE ENNEN EYE CENTER TO GIVE MY INSURANCE COMPANY OR COMPANIES, MY ATTORNEY, OR MY PHYSICIAN, ANY AND ALL INFORMATION THEY MAY REQUIRE CONCERNING MY CASE. I HEREBY ASSIGN TO THE CLINIC ALL PAYMENTS FOR MEDICAL SERVICES, SHOULD IT DESIRE TO TAKE SUCH ASSIGNMENT. I UNDERSTAND I AM RESPONSIBLE FOR ALL CHARGES REGARDLESS OF INSURANCE COVERAGE. I FURTHER AUTHORIZE THE DOCTORS AND STAFF OF THE ENNEN EYE CENTER TO EXAMINE MY EYES AND PERFORM ANY SERVICES NORMALLY ASSOCIATED WITH AN EYE EXAMINATION.

(SIGNED)

DATE

(RESPONSIBLE PARTY OR PARENT IF PATIENT IS MINOR)