

PREMIER EYE CARE & SURGERY, P.C.

Jason M. Jacobs, M.D.

PATIENT INFORMATION

Date: _____

Patient Name _____ SSN #: _____

Address: _____

Street City State Zip Code

Age: _____ Date of Birth: ___/___/___ Sex: _____ E-Mail address _____

Home Phone Number: _____ Work Phone Number: _____

Marital Status _____ Spouse's Name (if applicable) _____

Employer: _____ Occupation: _____

Work Address: _____

Emergency Contact: _____ Phone: _____

PARENT OR GUARANTOR INQUIRY

(Complete only if someone other than the patient is financially responsible)

Person or party responsible for payment of patient account: _____

Address of responsible party: _____

Phone number of responsible party: _____ Relationship: _____

(Complete if patient is less than 18 years of age)

Father's Name: _____ Home Phone: _____

Father's Employer: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____

Mother's Employer: _____ Work Phone: _____

INSURANCE INFORMATION

Primary Insurance: _____ Secondary Insurance: _____

ID or Member #: _____ ID or Member #: _____

Group #: _____ Group #: _____

Insured Name: _____ Insured Name: _____

Insured Employer: _____ Insured Employer: _____

Insured DOB: _____ Insured DOB: _____

Relationship to Patient: _____ Relationship to Patient: _____

PCP: _____

I authorize the release of any medical information necessary to process all claims and payments of medical benefits directly to my physician.

I am aware of the availability of the Notice of Privacy Practices for Premier Eye Care & Surgery, P.C., and the office policies for handling all such information and indicate that I was notified of the copy available in the office.

I understand that providing insurance information does not constitute payment from my insurance company. Any charges not paid by my insurance company will be the responsibility of the Patient. I understand that the practice of medicine and surgery is not an exact science, and no guarantee has been made or can be made to me as to the result of my treatment.

Signature: _____

Date: _____