

EYE & CONTACT LENS ASSOCIATES OF NORTH TEXAS

18111 Preston Road, Suite 180 • Dallas, TX 75252 • (972) 248-0202

Personal Information

Please PRINT. All information will be confidential.

Date: _____

Mr. Mrs. Ms. Miss Dr. Prof. Other _____

Patient's Name: _____ Sex: M / F Date of Birth: ___/___/___

Address: _____ City: _____ State: ___ Zip Code: _____

Home (____) _____ Work (____) _____ Cell (____) _____ Email: _____

Social Security #: _____ - _____ - _____ Marital Status: Single Married Divorced Widowed

Occupation: _____ Employer: _____

If Student – School /College: _____

Person to notify in case of an emergency: (Name) _____

Relationship to patient: _____ Phone number: (____) _____

Who may we thank for referring you? _____

Responsible Party

Name of person responsible for this account: _____ Relationship to patient: _____

Address: _____ Home Phone: (____) _____

Insurance Information

Vision Insurance: VSP None

Subscriber Name: _____

Subscriber DOB: ___/___/___ S.S. # _____

Place of Employment: _____

Patient Relationship to Subscriber:

Self Spouse Child Full time Student

Release of Medical Information

I authorize release of any information concerning myself or my family's health care, advice and treatment provided for the purpose of evaluation and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me, be made directly to the Doctor today and in the future.

I acknowledge that I was offered/received a copy of the Notice of Privacy Practices.

Signature of patient or parent/guardian if a minor. Date

Primary Medical Insurance Plan: _____

Insurance ID: _____

Insurance Group #: _____

Relationship to Insurance Holder: _____

Name of Insured: _____
(as it appears on card)

Insured Date of Birth: _____

Secondary Medical Insurance Plan: _____

Insurance ID: _____

Insurance Group #: _____

Relation to Insurance Holder: _____

Name of Insured: _____
(as it appears on card)

Insured Date of Birth: _____

HIPPA release to additional family members:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

