

MCCOY VISION CLINIC

WELCOME

Thank you for choosing us for your eye care needs. We are delighted to have you as a patient. We want you to feel like a guest not a patient. Please complete to ensure that the information we have is current and accurate. If you have any questions, please do not hesitate to ask.

Mr. Miss. Mrs. Ms

Male Female

First Name Middle initial Last Name Preferred Name

Street Address City State Zip Code

Social Security Number Date of Birth Home Phone Work Phone Mobile Phone

You or Your Parent's Employer Occupation

Employer's Business Address City State Zip Code

Spouse or Parent (s) Name Person Responsible for Account (Must sign at bottom)

Email Address Preferred Method of Communication: Email Phone Postal

Patient's Status: Single Married Divorce Full Time Student Employed Other

How did you hear about us? Location Insurance Yellow Pages Referred by:

PRIMARY VISION INSURANCE INFORMATION

Name of Primary Insurance Company City State Zip Code

Male Female Insured's First Name Middle Initial Insured's Last Name

Insured's Identification No. Group Number Insured's Date of Birth Patient's Relationship to Insured: Self Spouse Child Other

PRIMARY MEDICAL INSURANCE INFORMATION

Name of Primary Insurance Company City State Zip Code

Male Female Insured's First Name Middle Initial Insured's Last Name

Insured's Identification No. Group Number Insured's Date of Birth Patient's Relationship to Insured: Self Spouse Child Other

I authorize payment from my insurance to be paid directly to McCoy Vision Clinic. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed. I authorize the use of this form on all insurance submissions and the release for all information to my insurance companies. I authorize my doctor to act as my agent in helping me to obtain payment from my insurance companies. I permit copy of this authorization to be used in place of the original.

Signature of Patient Date drcomp/ms/wel 11/13