



### Section 1- Patient Information

Patient Name: \_\_\_\_\_

Patients Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Sex: M F

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Approved Communication: (circle all that apply) Text Email Postal Phone

Marital Status: (please circle) Single Married Divorced Widowed

Employment/Student Status(circle one): Full or Part Time, Retired, Unemployed, College

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Section 2- Insurance Information

**Medical** Insurance: \_\_\_\_\_ Phone#: \_\_\_\_\_

Member/Subscriber ID: \_\_\_\_\_ Group/Plan #: \_\_\_\_\_

**Vision** Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member ID \_\_\_\_\_ Group/Plan #: \_\_\_\_\_

*Guarantor Information: (Policy Holder)* Patient Relationship: (circle) Self Spouse Child Other:

Guarantors Name: \_\_\_\_\_ Sex: Male Female

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_ Employer: \_\_\_\_\_

Guarantor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

There are two types of health insurance that will help pay for your eye health services and products. You may have both types and Ahlquist Eyecare accepts most vision care plans and insurance plans in both categories: (1) vision plans and (2) medical insurance. -VISION PLANS cover ONLY ROUTINE VISION WELLNESS EXAMS and may include eyeglasses and contact lenses. Vision plans DO NOT provide for MEDICAL EYE HEALTHCARE. Medical insurance MUST be submitted for any medical eye healthcare diagnoses and treatment care and follow up. If you have both vision care benefits and medical insurance plans, it may be necessary for us to submit and bill some services to one plan provider and some services to the other plan provider to maximize your best advantage and least cost to you. Where some fees for services and products are not paid by your vision plan or medical insurance provider, you will be responsible for them, including deductibles, copayments and non-provider services as specified by the insurance contract.