



CAROLINA EYE CARE

DENVER - LINCOLNTON

PATIENT INFORMATION				
First Name	Middle Initial	Last Name	Nickname	
Address				
City, State, Zip				
Primary Phone Number		Cell Phone Number Ok to Txt Y/N		Employed or Student? <input type="checkbox"/> <input type="checkbox"/>
Date of Birth	Sex M/F	Marital Status S/M/D/W	Social Security Number	Full or Part Time? <input type="checkbox"/> <input type="checkbox"/>
Email Address		Employer	Employer Phone Number	
Emergency Contact		Relationship	Phone Number	
Race	Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	

RESPONSIBLE PARTY INFORMATION	
Name	Phone Number
Address	Social Security Number
City, State, Zip	Relationship to Patient

VISION INSURANCE			
Name of Carrier	Subscriber ID#	Group #	
Subscriber Name	Relationship to Patient	Date of Birth	Social Security #

MEDICAL INSURANCE			
Name of Carrier	Subscriber ID#	Group #	
Subscriber Name	Relationship to Patient	Date of Birth	Social Security #

HIPAA (Health Insurance Portability Accountability Act)

Carolina Eye Care provides information about how we may use and disclose your protected health information. If you wish for anyone to obtain any of your financial or health information please provide us with those individuals names.

Name	Relationship to Patient	Name	Relationship to Patient
Name	Relationship to Patient	Name	Relationship to Patient

How did you hear about us? _____ Referred by: _____

I certify that that the information given by me as documented above is correct. I also certify that upon my request, I have been given these forms for review. Carolina Eye Care Financial Policy and Notice Of Privacy Practice.

By signing below, you are acknowledging that you have read and fully understand our Financial Policy and Notice of Privacy Practices.

Signature _____ Relationship to Patient _____ Date _____