Albemarle Eye Center, PLLC

Patient Intake Form

Patient's Name: ____
Last First Middle

Street Address: ____

City/State/Zip: ____

Social Security Number: ________________ Date of Birth: ________________ Sex: M F

Home Phone: ___(_____)________________ Work Phone: _(____)________________

Cell Phone: __(_____)________________ E-Mail: ________________

Emergency Contact: ________________________ Phone: __(_____)________________

Patient's Employer: ________________________ Phone: __(_____)________________

Full Address: ____

Marital Status: ____Single ____ Married _____Separated ___ Divorced ____ Widowed

Race: ________________ Ethnicity: ________________

How do you prefer we contact you: ____Phone _____ Mail_____ E-Mail

Referred by: _____Friend/Relative _____Telephone Book _____ Advertisement ____Speaking Engagement ___Other

Whom may we thank for referring you? ________________________________

INSURANCE INFORMATION

Primary Coverage ________________________ Policy # ________________

Secondary Coverage ________________________ Policy #________________

Office Policies

- You are responsible for the entire balance on your account at the time service is rendered unless we have a special contractual relationship with your insurance company. Please discuss this with us in advance to avoid misunderstandings.
- We expect full payment for co-payments and deductibles at the time services are rendered
- We cannot bill insurance for cosmetic or non-covered services. Full payment must be made at time of service.
- If you need to cancel an appointment, we request 24 hour advanced notification. Failure to cancel may result in a charge.

Signature states an understanding of the above information and authorization for the physician to examine and treat this patient as well as authorizes AEC to release medical information to your insurance company. Further, perform diagnostic testing and provide treatment for the patient named above.

________________________________ ________________________________
Signature of Patient Signature of Guardian (if under 18)