Allatoona Eye Clinic - Eye M.D.s

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Suite 201
Cartersville, GA 30120

Jeffrey R. Brant, M.D.

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PATIENT INFORMATION

Welcome To Our Office

(Please complete this entire form- please print)

Date _____

Patient's Name _____

Mailing Address & Street Addesss if P.O. Box _____ (Street) (City) (State) (Zip)

Social Security # _____ Home Phone _____

Date of Birth _____ Age _____ Sex _____ Cell Phone _____

Employer's Name _____ Bus.Phone # _____ Ext # _____

Occupation _____ How Long Employed _____

Employer's Address _____ (Street) (City) (State) (Zip)

Primary Care Physician's Name & Address _____ Phone# _____

Guardian/Spouse Information Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Other

Spouse or Parent's Name _____ Social Security # _____

Spouse or Parent's Employer _____ Phone _____

Employer's Address _____ (Street) (City) (State) (Zip)

Occupation _____ How Long Employed _____

Emergency Contact (Other than Spouse or anyone living with you.)

Name _____ Relationship _____ Phone _____

Address _____ (Street) (City) (State) (Zip)

PLEASE READ: ALL CHARGES ARE DUE AT THE TIME OF SERVICES. IF HOSPITALIZATION IS INDICATED, THE PATIENT IS RESPONSIBLE FOR FURNISHING INSURANCE CLAIM FORMS TO THE OFFICE PRIOR TO HOSPITALIZATION.

Primary Insurance

Name of Policy Holder _____

Relation to Patient _____ Birthdate _____ S.S.# _____

Address (if different from patient's) _____ (Street) (City) (State) (Zip)

Insurance Company _____

Member ID # _____ Group # _____

Additional Insurance

Name of Policy Holder _____

Relation to Patient _____ Birthdate _____ S.S.# _____

Address (if different from patient's) _____ (Street) (City) (State) (Zip)

Insurance Company _____

Member ID # _____ Group # _____

ALL PROFESSIONAL SERVICES RENDERED ARE CHARGED TO THE PATIENT. NECESSARY FORMS WILL BE COMPLETED TO HELP EXPEDITE INSURANCE CARRIER PAYMENTS. HOWEVER, THE PATIENT IS RESPONSIBLE FOR ALL FEES, REGARDLESS OF INSURANCE COVERAGE. IT IS ALSO CUSTOMARY TO PAY FOR SERVICES WHEN RENDERED UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE IN ADVANCE WITH OUR OFFICE BOOKKEEPERS.

Please Continue On Reverse Side