

Welcome to the University Eye Center!

		Today's Date:	
SECTION 1: PATIENT INFORMA	TION		
Last	First	Middle Initial	Title
Last four digits of SSN#	Date of Birth	Gender □ Female □ Male	
Home Address	City	State	Zip
Home#	Cell#	Alternate#	
Email Address		"	
·	Is with special information or offers. Your e	email is never sold or used for other purpo	oses.
Race	ican □ Asian □ American Indian □ Hi	enanic/Latino. □ Pacific Islandor. □ C	Other □ Decline to Answer
			tilei 🗆 Decilile to Aliswei
Ethnicity	Preferred language if not E	nglish	
☐ Hispanic ☐ Non-Hispanic			
SECTION 2: RESPONSIBLE PA	RTY/PARENT/GUARANTOR fo	or patients less than 18 years old	
Relationship to Patient			
☐ Self (skip this section) ☐ Spouse	e □ Parent □ Other		
Last	First	Middle Initial	Title
Last four digits of SSN#	Date of Birth	Gender □ Female □ Male	
Home Address ☐ Same as Patient's	City	State	Zip
	heim to treat/care for this child under the g risions of section 25.8 of the Civil Code of C		st.
Signature		Date	
SECTION 3: EMERGENCY CON	TACT INFORMATION		
Last	First	Relationship to Patie	ent
Preferred Phone			□ Home □ Work □ Cell
SECTION 4: PRIVACY RIGHTS	ACKNOWLEDGEMENT		
University Eye Center, Anaheim has provi	aheim Privacy Notice and understand my r ded me with a policy regarding the use and perations as described in the Privacy Notic	d disclosure of my protected health care in	
Signature		Date	

SECTION 5: INSURED INFORMATION

Relationship to Patient				
☐ Self (skip this section) ☐ Spous	se 🗆 Parent 🗆 <u>Other</u>			
Last	First	Middle Initial	Title	
Last four digits of SSN#	Date of Birth	Gender □ Female □ Male		
	ICE INFORMATION (VSP, Eyemed	,MES)		
Present your insurance card(s) to the rec	eptionist.			
Name of Insurance	<u> </u>	Name of Insurance		
Member ID#		Member ID#		
	ANCE INFORMATION (Anthem BI	ue Cross, Blue Shield, Medicare, Medi-C	Cal, and supplemental)	
We do not accept HMO's. Present your in	nsurance card(s) to the receptionist.			
Name of Insurance		Name of Insurance		
Member ID#		Member ID#		
If the patient	is covered by more than one plan, pleas	e use the below boxes to list plan(s) typ	e.	
Name of Insurance	<u></u>	Name of Insurance		
Member ID#		Member ID#		
SECTION 8: HOW DID YOU HE				
How did you hear about us? <i>Please che</i>	ck all that apply.			
☐ Referred by doo	etor	☐ Social Media Ad: Faceb	ook	
□ Recommended	by friend or family	☐ Social Media Ad: Instag	ram	
□ Online Search		□ Other		
□ Online Ad				

