



Eye Surgery Associates of Zanesville

Patient Information:

First Name: _____ MI

Last Name: _____

Nickname: _____

Address: _____

Birthdate: _____ Male Female

Social Security: _____

Home phone: _____

Cell phone: _____

Email: _____

Appt Reminder Preference: Text Phone Email

Divorced Separated Widow

Single Married: Spouse Name _____

Spouse DOB _____ Spouse SS _____

Spouse employer: _____

Employment Information:

Full time Part time Retired

Not employed Disabled

Employer: _____

Occupation: _____

Employer Phone: _____

Referral Information:

Referred by: _____

Insurance Information:

Medical Insurance Self Pay BWC

Ins Company: _____

Insured name: _____

ID number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone (different than yours): _____

Release of financial information:

I hereby authorize the release of medical information about myself to my insurance carrier(s). This information may include a report of my diagnosis, treatment, prognosis and recommendations as well as any other data deemed pertinent to consideration of my insurance claim. I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV/AIDS, sexually transmitted disease, psychiatric disorders, mental health diseases, drug and/or alcohol use. I am specifically authorizing the release of all health care information about myself relating to any of the above named conditions, diagnostic testing or treatment. I also hereby assign to Carl A. Minning, Jr., M.D., Ross C. Bloomberg, M.D., Chris A. Minning, M.D., and Craig J. Miller, M.D., all payments from my insurance carrier(s) for medical services I received at Eye Surgery Associates of Zanesville, Inc. I understand that I am responsible for any balance that is not covered by my insurance carrier(s).

Patient signature: _____

Date: _____

FOR PATIENTS WHO ARE MINORS:

MOTHER's Information:

First Name: _____ MI

Last Name: _____

Nickname: _____

Address: _____

Home phone: _____

Cell phone: _____

Employer: _____

Birthdate: _____

Social Security: _____

FATHER's Information:

First Name: _____ MI

Last Name: _____

Nickname: _____

Address: _____

Home phone: _____

Cell phone: _____

Employer: _____

Birthdate: _____

Social Security: _____