



Office Use Only
Exam #:
Technician Initials _____
GLASSES EXAM / CONTACT EXAM / OFFICE VISIT

Patient Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Maiden: _____ Preferred Name: _____ Suffix: _____
 Date of Birth: _____ Age: _____ Gender: Male / Female
 Social Security Number: _____

Address

Street: _____ Apartment #: _____ City: _____
 State: _____ Zip Code: _____ Day Phone: _____
 Cell Phone: _____ Email: _____ Is it okay to text you? Yes / No
 Emergency Contact Name: _____ Phone Number _____

Marital Status: Single / Married / Separated / Divorced / Widowed / Partnered
 Race: American Indian / African American / Asian / Caucasian / Hispanic / Pacific Islander / Other
 Ethnicity: Hispanic / Non-Hispanic Preferred Language: Spanish / English

Insurance Information

Vision
Insurance: _____
Member ID#: _____ Group#: _____
Employer: _____

Medical
Insurance: _____
Member ID#: _____ Group#: _____
Employer: _____

GUARANTOR INFORMATION (Primary Cardholder)

Name: _____ DOB: _____ SS#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Gender: M / F Relationship to Patient: Spouse / Parent / Other

Signature on file, Assignment and Release: I certify that I, and/or my dependent(s), have Insurance coverage with the above listed Insurance carriers. I assign directly to LUCK OPTICAL, all Insurance benefits, if any, otherwise payable to me for services rendered by LUCK OPTICAL. I understand that I am financially responsible for all charges, whether or not paid by Insurance. I authorize the use of my signature on all Insurance submissions. LUCK OPTICAL may use my health care information and may disclose such information to my insurance company(s) and their agents for the purpose of obtaining payment for services and determining Insurance benefits, or the benefits payable for related services.

X _____ X _____ X _____
 Signature of Patient, Guardian, or Guarantor Printed Name Date

I have verified this information from my prior visit is correct and accurate.

Initial: _____	Date: _____	Initial: _____	Date: _____	Initial: _____	Date: _____	Initial: _____	Date: _____
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