Please print clearly and answer all questions completely.

If New Patient-How did you hear about our office? ____

Are you allergic to Latex? Yes No Unknown (Ex. Tape, band aids, gloves) ____________________________

Patient Information

Pregnant? Yes No Due Date __________ **Male / Female**

Name ____ **Date of Birth** ________________________

Mailing Address ____

City ____________________________ **State** ______ **Zip**_______________ **SS #** _______________________

Home # ________________________ **Cell #** ________________________ **Work #** _______________________

Email ______________________________ **Marital Status:** M S W D **Spouse Name** ____________________

Emergency Contact _________________________ **Phone #** ____________________ **Relationship** __________

Employment Status (Please circle one)	**Student Status** (Please circle one)	**Race** (Please circle one)	
Full time	Full time	American Indian/Eskimo/Aleut	Hispanic/Latino
Part time	Part Time	Asian	Pacific Islander
Retired	Non student	African American	Other (Multi racial)
Not working		Caucasian	

Insurance Information – Write SELF only, if patient is primary insurance member

Name of Insured_______________________________________ **Relationship to patient** ___________________

Mailing Address ________________________________ **City** _______________ **State** _____ **Zip**___________

Date of Birth ______/______/________ **SS#** ______________________ **Phone** ________________________

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Assignment of Benefits

I hereby assign all medical and/or surgical benefits, to include major benefits to which I am entitled, including Medicare, private insurance and any other health plan to Texoma Eye Associates/Clint A. Long, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as an original. I hereby authorized aid assignee to release all information necessary and required to process my insurance claim and to secure payment of same.

Medicare DMEPOS Supplier Standards

The products and/or services provided to you by Texoma Eye Associates are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters. The full text of these standards can be obtained at http://ecfr.gpoaccess.gov. Upon request we will furnish you with a written copy of the standards.

Signature of Patient____ **Date** ___________________________

OR if patient is a minor

Signature of Guardian ____ **Date** ___________________________