Jay Mulaney, MD **CENTRAL FLORIDA EYE ASSOCIATES** **Patient Information**

_____, _____ _____ _____ _____ _____
Last Name First Name Middle Initial Date of Birth Age Sex

Race: ☐White ☐Black or African American ☐Hispanic ☐American Indian or Alaska Native
☐ Asian ☐Native Hawaiian or Other Pacific Islander ☐Other Race ☐Refuse to Report

Ethnicity: ☐Hispanic/Latino ☐Not Hispanic/Latino ☐Refuse to Report Primary Language: _____

_____ _____ _____
Address City/State Zip Code

_____ _____ _____
Social Security # Marital Status Spouse's Name / Spouse's Occupation

(_____) _____ (_____) _____ _____
Home Phone Work / Cell Phone E-mail

Emergency Contact Person _____ Phone # (_____) _____

Occupation _____ Employer _____ Address _____

How were you referred? _____

INSURANCE INFORMATION

_____ _____ _____
Primary Insurance Company Policy # Policy Holder (If Different)

_____ _____ _____
Secondary Insurance Company Policy # Policy Holder (If Different)

Medicare/Supplement Insurance/Other Insurance Signature Authorization

I request payment of authorized Medicare and/or Medigap/Supplement and/or Medicaid, or other insurance benefits to be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services. I authorize any holder of medical information about me to release to the Health Care Financing Administration or insurance company and its agents any information needed to determine these benefits for related service and/or to submit a claim to my insurance company for me.

_____ _____ _____
Signature of patient or responsible party Relationship Date

Authorization for Release of Information

I hereby authorize all physicians, providers, and health care facilities that have provided health care services to me, or my dependents, to release any information relating to the diagnosis, treatment, or examination rendered. I agree that a copy of the authorization shall be as valid as the original.

_____ _____ _____
Signature of patient or responsible party Relationship Date