GORDEN EYE ASSOCIATES, P.A.

TODD GORDEN, MD

Patient's Name

Patient's Full Name:________________________________
Address:____
City, State, Zip:__________________________________
Home Phone:________________ Cell:_____________
Email: ____
Emergency No.: __________________________________
Date of Birth:_________ Male__ Female__ Marital Status:____
Social Security No.:_______ -_____ - _________
Primary Care Physician:____________________________
Referring Physician:_______________________________
Employer Name:__________________________________
Address:_______________________________________
City, State, Zip:_________________________________
Work Phone No.:____________________ Ext.:_________

PAYMENT IS DUE AT

TIME OF SERVICE

INFORMATION ON RESPONSIBLE PARTY/POLICY HOLDER

Name of Responsible Party/Policy Holder:_______________
Address:_______________________________________
City, State, Zip:_________________________________
Phone No.:__________________ DOB: ____/____/____
Social Security No.:_____- ____-_______ Male__ Female__

Employer Name:__________________________________
Address:_______________________________________
City, State, Zip:_________________________________
Work Phone No.:____________________ Ext.:_________

We Would Like To Know

Who Referred you to Gorden Eye Associates?

____

Why did you choose Gorden Eye Associates?

____ Insurance
____ New to Area
____ Referral from friend______________
____ Referral from physician____________
____ Newspaper/Advertisement
____ Other

PATIENT AUTHORIZATION

INITIAL

_______ I authorize release of my medical information necessary to process my claims to all my insurance companies.
_______ I authorize direct payment of medical benefits to Gorden Eye Associates, P.A.
_______ I permit a copy of this authorization to be used in place of the original.
_______ I have read and understand the financial policy on the reverse side.
_______ I understand that any payment not covered by insurance is due at the time of service.

Patient Signature ______________________________________ Date ____________________________

For Office Use Only: Entered By:_________ Date: _________