

**Welcome to  
Cabot Family Eye Care**

**Please Print**

Patient's Name \_\_\_\_\_ **Ms. Miss**  
Mr. Mrs. Other Date: \_\_\_\_\_

Patient's Nickname \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

\_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated Social Security # \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Home Phone Work Phone Fax Mobile E-mail

Where is it easier to reach you? \_\_\_ Home \_\_\_ Work \_\_\_ Fax \_\_\_ Mobile \_\_\_ E-mail What time \_\_\_\_\_AM/PM

Patient's Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Head of Household \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Other Family Members**

If they are or have been a patient of ours, please check by their name.

Spouse/Parents (if applicable) \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

Name(s) of Children in the Family \_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

**How did you find us?**

Referral: \_\_\_ Family \_\_\_ Friend \_\_\_ Co-worker \_\_\_ Doctor \_\_\_ Staff \_\_\_ Dr. Livengood \_\_\_ Other

Whom may we thank for referring you? \_\_\_\_\_

\_\_\_ Health Plan \_\_\_ Direct Mail \_\_\_ Yellow Pages \_\_\_ Location/Sign \_\_\_ Other \_\_\_\_\_

**Insurance**

\_\_\_ Medicare \_\_\_ Medicaid \_\_\_ Private Insurance \_\_\_ Vision Insurance \_\_\_ None

Major Medical \_\_\_\_\_ Co-pay \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

**Fees Due When Services are Rendered**

I understand that it is a courtesy of your office to file my insurance. I understand that only insurance with my primary carrier will be filed with the exception of Medicare. I also understand that not all services are covered by my insurance but may be necessary services and I am ultimately responsible for those charges and any my insurance says I am responsible for. If my claim has not been paid in 90 days of service, I will be billed for those services. I have read and understand the above information.

Sign \_\_\_\_\_ Date \_\_\_\_\_