



McAlester Family Eyecare

211 N 5th St • McAlester, OK 74501

(918) 426-0106

Dr. Andrea Mazzare, O.D. & Dr. Jeff Duff, O.D.

General Information

Please bring your insurance card and a valid I.D. to check-in.

First, Last, MI, Preferred Name:

Street Address:

City, State, Zip:

If you are under 18, parent or legal guardian's name:

Phone 1:

Cell

Home

Business

May we text you?

Phone 2:

Cell

Home

Business

Y or N

Email:

Sex: M or F

Date of Birth:

Social Security:

Preferred Language: English; Other:

Ethnicity: Non-Hispanic or Latino/Hispanic/Hawaiian or Pacific Islander

Race:

Decline to Specify

Preferred Contact Method:

Email

Postal

Phone

No Preference

Insurance Information

Employment Status:

Employer:

Occupation:

Marital Status:

Policy Holder's (PH) Name:

(PH) DOB:

(PH) SSN:

Policy Holder's Address (if different):

Social Information

Please check the following if applicable:

Tobacco use:

None

Current Smoker

PPD:

Smokeless Tobacco

Former Smoker

How many years ago did you quit?

Alcohol use:

None

Social only

How many drinks per day?

Height:

Weight:

Are you Pregnant or Nursing? Y or N

Hobbies:

Note: Most Insurance companies pay only a portion of your total charges. If you have any questions about your coverage, please contact your representative. We do not guarantee the accuracy of benefit information given to us by insurance companies. Please understand that financial responsibility of your account is yours, not the responsibility of your insurance company.

I authorize the release of any medical or other information necessary to process insurance claims. I authorize the payment of medical or vision benefits either to a physical or supplier of services rendered or to myself if the provider does not accept assignment. I understand that I am responsible for any balance my insurance does not pay.

Signature:

Date:



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	Signed: _____
	Date: _____

