

**TUSCALOOSA
EYECARE**
GREENE · HALE · PICKENS
www.eyecaretuscaloosa.com

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@Tuscaloosa EyeCare

Our Mission Statement:

We the Doctors and Staff of Tuscaloosa, Pickens, Greene & Hale Co. EyeCare focus on providing the most extensive, comprehensive eye health care to each and every patient.

It is our goal to provide an improved quality of life to you, your family, and the community by focusing on your vision wellness.

Our staff promises to exceed the expectations of each and every patient with a level of service and high-quality products which will ensure our patients will return and recommend our office to others without reservation.

If patient is under the age of 18, or if insurance policy holder is NOT the same as the patient, please provide the following:

Guarantor Name :

Guarantor DOB _____

Guarantor SSN _____

Please be advised if you are using insurance coverage for today's visit, this is a contract between you and your insurance company; not Tuscaloosa/Pickens/ Hale Co Eyecare

If your insurance company has not reimbursed our office within 60-90 days; our office will then transfer that balance to your account, and you will then receive a statement.

Today's Date _____

Last _____

First _____ Middle _____

Mailing Address _____

City _____ State _____

Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Patient's SSN _____

Date of Birth _____ Age _____

Sex M F

Email Address _____

Patient: (or Insurance Policy Holder)

- Employed Full Time Employed Part Time
 Retired Disabled Student Military

Employer: _____

- Race:** All Other Races
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Marital Status:

- Single Married Other _____

Who is your primary health care doctor?

Phone # _____