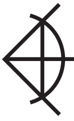

Tozer Eye Center

Randall K. Tozer, M.D.

Eye Physician and Surgeon

Diplomate American Board of Ophthalmology

Legal Name ______________________________
LAST FIRST MI

Address ______________________________
STREET APT# CITY ZIP

Mailing Address ______________________________
(If different from above) STREET APT# CITY ZIP

Home Phone ____________ Work ____________ Cell ____________

Email ______________________________

SS# ____________ Birth Date ____________ Sex: Male ❑ Female ❑

Occupation ____________ Employer ____________

Spouse's Name ____________ Primary Care Physician ____________

RESPONSIBLE PARTY ____________ Phone ____________ Relationship ____________
(If different from above)

Address ______________________________
STREET APT# CITY ZIP

Emergency Contact ____________ Phone ____________

Primary Insurance ____________ Policy Holder ____________

Policy # ____________ Group # ____________ Policy Holder D.O.B. ____________

Primary Address ____________ Ins Phone ____________

Secondary Insurance ____________ Policy Holder ____________

Policy # ____________ Group # ____________ Policy Holder D.O.B. ____________

Secondary Address ____________ Ins Phone ____________

AUTHORIZATION AND RELEASE

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payors and/or other health practitioners. I authorize and request my insurance company and/or Medicare to pay the doctor insurance or Medicare benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. I also understand that I will be billed a fee for any returned checks.

______________________________ ____________
Signature of patient or parent, if minor Date

How were you referred to our office?

❑ Doctor (Name:____________) ❑ Friend/Relative (Name: ____________)

❑ Yellow Pages ❑ Reputation ❑ Other ____________