

Premier Eye Clinic, P.A.
Q. Jocelyn Ge, M.D., Ph.D.
Eye Physician and Surgeon

3641 S. Clyde Morris Blvd, Ste 500, Port Orange, FL 32129
Tel: (386)788-6198 Fax: (386)788-4616

Patient Information

Date _____ Age _____

Last Name _____ First Name _____ MI _____

Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Date of Birth _____ Marital Status: M ___ W ___ S ___ D ___ Gender: M ___ F ___

Social Security # _____ Drivers License # _____

Occupation _____ Employer _____

Employer Address _____

Spouse / Parent Name and Address _____

_____ Phone # _____

Nearest Friend or Relative Name not living with you _____

Address _____

_____ Phone # _____

Insurance Carrier #1 _____

Insurance Carrier #2 _____

Family Doctor _____ Referred By _____

I hereby authorize Dr. Q. Jocelyn Ge to furnish / fax information to insurance carriers /Medicare concerning my illness and treatment and I hereby assign to the physician all payments for medical service rendered to my dependents or myself. I understand that I am responsible for any amount not covered by my insurance.

Date _____ Signature _____

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments. However the patient is responsible for all fees, regardless of insurance coverage. It is also customary to pay for services when rendered unless other arrangements are made in advance.