



**Patient Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Best Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Parent/Representative** (if applicable): **Name** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

### **Financial Policy**

I understand I am financially responsible for all costs incurred by me at Central Avenue Eye Care.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

(Patient or representative of patient)

Thank you for choosing Central Avenue Eye Care for your vision needs. We are Delaware's premier insurance-free optometry practice. Flexible Spending Accounts (FSAs) and Health Spending Accounts (HSAs) are a great way to fund your vision care.

We welcome patients with vision insurance. You can receive the proper diagnostic and procedure codes from your visit to submit to insurance companies for out-of-pocket reimbursement.

Thank you again for choosing us for your eye care.