

# Patient Demographic Form

## PATIENT INFORMATION

Last Name	First Name	Middle Initial	Nickname/AKA
Date of Birth	Social Security Number	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other	Language other than English	
Race (Optional)	<input type="checkbox"/> Black – Non Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White – Non Hispanic <input type="checkbox"/> Other		
Home Address	Apt #	City	State Zip Code
Home Phone	Cell Phone		
Email	Employment Status	<input type="checkbox"/> Active Duty Military <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Student Full-Time <input type="checkbox"/> Child <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Retired <input type="checkbox"/> Student Part-Time <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Self Employed <input type="checkbox"/> Other	
Employer	Employer Phone		
Emergency Contact	Contact Phone	Relationship to Patient	

## PATIENT PHARMACY INFORMATION

Preferred Pharmacy	Phone
Address / Cross Roads	City State Zip Code

## PHYSICIAN REFERRAL INFORMATION

Primary Care Physician	Referring Physician
How did you hear about us?	<input type="checkbox"/> Billboard <input type="checkbox"/> Friend <input type="checkbox"/> Magazine <input type="checkbox"/> Physician <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/> Employer <input type="checkbox"/> Health Fair Event <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Family Member <input type="checkbox"/> Insurance <input type="checkbox"/> News <input type="checkbox"/> Television

## ASSIGNMENT OF BENEFITS / RELEASE OF INSURANCE

I hereby assign all insurance benefits, including Medicare and Medicaid, which I am entitled to Hung Le, MD. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by my insurance plan. If my account goes to a collection agency, I will be charged a 35 percent collection fee and 15 percent interest of my balance. In addition, I authorize Hung Le, MD to release all information that may be found in my records to consulting physicians for continuing medical care and/or to any third party in order to process my insurance claims.

## NO-SHOW POLICY

### Definition of a "No-Show" Appointment

Our clinic defines a "No-show" appointment as any scheduled appointment in which the patient either:

- Does not arrive to the appointment.
- Cancels with less than 24 hours' notice.
- Arrives more than 15 minutes late and is consequently unable to be seen.

### Impact of a "No-Show" Appointment

"No-show" appointments have a significant negative impact on our practice and the healthcare we provide to our patients. When a patient "no-shows" a scheduled appointment it:

- Potentially jeopardizes the health of the "no-showing" patient
- Is unfair (and frustrating) to other patients that would have taken the appointment slot
- Disrespects not only the provider's time, but also the time of the entire clinic staff

### Consequences of "No-Show" Appointments

If you miss 3 or more appointments within a year you may be dismissed from the clinic.

1. Patient dismissal is at the discretion of your medical provider.
2. If you are dismissed from the clinic, your remaining scheduled appointments will be cancelled.
3. Only emergency medical/dental treatment will be offered within the first 30 days of dismissal, in which a **\$100 NO SHOW FEE** applies.
4. **\$100 NO SHOW FEE** and reapplication to the clinic after a six month period after initial dismissal letter will be considered by your medical provider.

• I HAVE READ AND UNDERSTOOD THE "NO SHOW" POLICY AS DESCRIBED ABOVE

X. PATIENT SIGNATURE

DATE

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