

MILESTONES RETINA EYE CARE
Candy K Chan, MD, PhD

709 Fremont Ave, Suite C
South Pasadena, CA 91030
Phone (626) 507-5655
Fax (626) 507-5656

PATIENT INFORMATION FORM

NAME: _____ SEX (Circle One): M F
 First Name MI Last Name

DATE OF BIRTH: _____ SSN: _____

MARITAL STATUS (Circle One): SINGLE MARRIED WIDOWED DIVORCED

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

OCCUPATION / EMPLOYER: _____

PRIMARY INSURANCE INFORMATION

PRIMARY INSURANCE : _____

INSURED'S NAME: _____ RELATIONSHIP TO PATIENT: _____
(If Other Than Patient) (If Other Than Patient)

INSURED'S DATE OF BIRTH: _____ INSURED'S SSN: _____
(If Other Than Patient) (If Other Than Patient)

POLICY #: _____ GROUP NAME: _____

GROUP #: _____ INS CO PHONE: _____

SECONDARY INSURANCE INFORMATION

SECONDARY INSURANCE : _____

INSURED'S NAME: _____ RELATIONSHIP TO PATIENT: _____
(If Other Than Patient) (If Other Than Patient)

INSURED'S DATE OF BIRTH: _____ INSURED'S SSN: _____
(If Other Than Patient) (If Other Than Patient)

POLICY #: _____ GROUP NAME: _____

GROUP #: _____ INS CO PHONE: _____

EMERGENCY / CONTACT INFORMATION

CONTACT NAME: _____ RELATIONSHIP: _____

CONTACT ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ ALTERNATE: _____

MILESTONES RETINA EYE CARE
Candy K Chan, MD, PhD

709 Fremont Ave, Suite C
South Pasadena, CA 91030
Phone (626) 507-5655
Fax (626) 507-5656

PATIENT CONTACT

Candy K Chan, MD, PhD / Milestones Retina Eye Care may contact you regarding appointments, test results, financial matters/billing concerns by telephone at any number associated with your account and leave a message as necessary. This can include wireless telephone numbers, which could result in charges to you. We may also contact you by sending emails, if an email is provided to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automated dialing system if applicable.

PREFERRED METHOD OF CONTACT:

PHONE: _____ CELL: _____
ALTERNATE: _____ TEXTS: _____
EMAIL: _____ OTHER: _____

PRINT NAME: _____
SIGNATURE: _____
DATE: _____

ACKNOWLEDGE RECEIPT OF NOTICE OF PRIVACY POLICIES

My signature below acknowledges the receipt of Candy K Chan, MD, PhD / Milestones Retina Eye Care's Notice of Privacy Policies.

PRINT NAME: _____
SIGNATURE: _____
DATE: _____