Welcome to Cleveland Vision Center Personal Information Middle Initial First Name **Last Name** Address City, State and Zip Code **Home Phone Cell Phone** E-mail Date of Birth Social Security Number Sex Male Female Race **Primary Language** White Asian Black or African American American Indian Pacific Islander Race Please circle up to two: Not Hispanic of Latino Hispanic or Latino Ethnicity Please circle one: **Dependent Information** Name of Legal Guardian Address of Legal Guardian (if different than above) Date of Birth **Social Security Number** Phone Number of Legal Guardian **Employment Information Employer Name** Employer Address City, State and Zip Code **Phone Number Insurance and Billing Information** In order to accommodate the needs and requests of our patients, we have enrolled in numerous insurance programs. While we are pleased to be able to provide this service to you, it is extremely difficult for us to track the individual requirements of each plan. If we are not informed of any special requirements in your contract, and the charges are not covered, you will be responsible for those charges. Remember, your vision or health insurance coverage is a contract between you and your insurance carrier. We will do our very best to

assist you in submitting your insurance claims to your insurance carriers.

Vision Insurance Carrier	
Provider Name	ID Number
Subscriber Name	Group Number
Subscriber DOB	Relationship to Subscriber
Medical Insurance Carrier	
Provider Name	ID Number
Subscriber Name	Group Number
Subscriber DOB	Relationship to Subscriber

Due to COVID-19 there have been some changes to protect you and our staff when visiting the office:

- ◆ Masks are required for anyone in the office. Please plan to bring and wear a mask.
- ◆ We are limiting the amount of people in the office to four (4) at a time.
- ◆ Patients will need to call/text the office to check in from the parking lot upon arrival and remain in their vehicle until the office notifies you it is safe to enter.
- Only the patient may enter the office. One parent/quardian/caregiver may assist the patient if truly necessary.
- Every person entering the office will be screened for possible exposure to the coronavirus.
- If you choose to not follow our safety protocol, you will be asked to leave and reschedule to a future date.

Signature Date