

# M. MICHAEL PULLIAM, M.D.

4165 Hospital Drive • Covington, GA 30014 • (770) 786-9312

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we leave a message at the numbers above? Home: Yes \_\_\_ No\_\_\_ Work: Yes\_\_\_ No\_\_\_ Cell: Yes\_\_\_ No\_\_\_

Marital Status: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Physician or Family Doctor: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Office Tel #: \_\_\_\_\_

<u>Primary Medical Insurance</u>	<u>Secondary Insurance</u>
Insurance Company: _____	Insurance Company: _____
ID #: _____	ID #: _____
Subscriber's Name: _____	Subscriber's Name: _____
SS#: _____ DOB: _____	SS#: _____ DOB: _____
Relationship to Patient: _____	Relationship to Patient: _____

*Do you have a Vision Plan (VSPI EYEMED, etc)?* Yes \_\_\_ No \_\_\_

*\*Please note it is the patient's responsibility to be aware of their insurance company's requirements for each visit (referrals, copays, vision plans, refractions, etc.). I agree that I am responsible for payments or charges incurred by me or my dependant that are outside the scope of my insurance coverage or for which my insurance company pays me directly. I further agree to be responsible for the office visit if required referrals are not present at the time of visit.*

Reason for Today's Visit?    Routine    Medical    Send Claim to?    Primary    Vision

If you have an eye problem not related to glasses or contacts, it is considered a medical visit.

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient or Guardian Signature: X \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY \*\*\*\*\*

Date: _____	R M	Ins: P V	Changes to Info? Y N	Pt Init: _____	FD: _____
Date: _____	R M	Ins: P V	Changes to Info? Y N	Pt Init: _____	FD: _____
Date: _____	R M	Ins: P V	Changes to Info? Y N	Pt Init: _____	FD: _____