

Subir Bhatia, M.D.
Ophthalmologist/Corneal Surgeon

COMPREHENSIVE OPHTHALMOLOGY
1350 S. MAIN, SUITE 2425
FORT. WORTH, TEXAS 76104

Patient Information

Name _____ Date _____
Birthdate _____ Age _____ Male / Female
Address _____
City/State/Zip _____
Home Phone _____
Social Security # _____ Marital Status _____
Drivers License # _____

Employer _____
Occupation _____
Business Phone _____

(if patient is a minor, parent or guardian should complete the "employer" information)

In case of emergency contact:

Name _____ Phone _____
Address _____ Relationship _____
City/State/Zip _____

****Cash payment is due at time of service unless other arrangements are made in advance****

Person responsible for fees (if not above)

Name _____
Relationship _____
Address _____
City/State/Zip _____
Home Phone _____
Business Phone _____

MEDICARE
ASSIGNMENT
IS ACCEPTED

I request that payment of authorized Medicare and Medigap benefits be made to
Subir Bhatia, M.D. for any service furnished to me.

Patient's signature

Date

rev A