

## **COMPLETE ALL SECTIONS**

**INSURANCE** 

PATIENT INFORMATION	Insurance Co. Name
DI PAGE DDING AND HOE DI ACK INK	Patient Name
PLEASE PRINT AND USE BLACK INK	ID#
Full Name	Subscriber Name
Address	Relationship to PatientSubscriber
	Subscriber   Subscriber   DOB/   SS#
city state zip	Secondary Insurance
Sex: □ M □ F Age DOB/	Name
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	Insurance Co
Patient SS#	ID # Subscriber Name
Race:  White  American Indian/Alaska Native	Relationship to Patient
,	DOB/SS#
□ Asian □ Black/African American	Responsible Party:
$\square$ Native Hawaiian/Pacific Islander $\square$ Other	Name
Employer	Relationship
Employer Address	Address
Family Physician	Home # Work #
	Employer
Referred By	DOB/SS#
PHONE I	NUMBERS
Home ( ) Work ( )	ext
Cellular ( ) em	ail:
	to your electronic medical records, please add your email.
IN CASE OF EMERGENCY, CONTACT (Specify someon	e who does not live in your household.):
Name Relationship	Home # Work #
Please note that Medicare, Medicaid, and most insurance exams (an additional \$35.00 fee). Bandage contact lense	
Please note that Medicare, Medicaid, and most insurance	s (an additional \$40.00 fee). cover certain testing that we find important in providing
Please note that Medicare, Medicaid, and most insurance exams (an additional \$35.00 fee). Bandage contact lense Insurance plans and vision care plans frequently do not the best state-of-the-art eye care. These tests (and their their need.  Refraction - A refraction is when the technic	s (an additional \$40.00 fee).  cover certain testing that we find important in providing fees) are described below so you are well informed as to an or doctor places different lenses in front of your contact lenses. (Fee is \$90.00 for glasses refraction
Please note that Medicare, Medicaid, and most insurance exams (an additional \$35.00 fee). Bandage contact lense Insurance plans and vision care plans frequently do not the best state-of-the-art eye care. These tests (and their their need.  Refraction - A refraction is when the technic eyes to give the best vision for glasses and/or	s (an additional \$40.00 fee).  cover certain testing that we find important in providing fees) are described below so you are well informed as to an or doctor places different lenses in front of your contact lenses. (Fee is \$90.00 for glasses refraction ese fees are subject to change without notice.  rance benefits to be paid directly to the physicians and my to process my claims. I also understand that I am an ug attorneys fee, and any fees and/or interest imposed
Please note that Medicare, Medicaid, and most insurance exams (an additional \$35.00 fee). Bandage contact lense Insurance plans and vision care plans frequently do not the best state-of-the-art eye care. These tests (and their their need.  Refraction - A refraction is when the technice eyes to give the best vision for glasses and/or when associated with an annual eye exam.) The Assignment and Release: I hereby authorize my insufauthorize the release of any medical information necessary financially responsible for all services rendered, including by outside agencies in effort to collect delinquent accounts.	s (an additional \$40.00 fee).  cover certain testing that we find important in providing fees) are described below so you are well informed as to an or doctor places different lenses in front of your contact lenses. (Fee is \$90.00 for glasses refraction ese fees are subject to change without notice.  rance benefits to be paid directly to the physicians and my to process my claims. I also understand that I am an ug attorneys fee, and any fees and/or interest imposed

No 🗆

Are you tired of using rewetting drops for your dry eyes? Yes  $\Box$