9/2011

OMNI EYE CENTER – LASER VISION

Patient Welcome/Update

Thank you for choosing our practice for your eye care needs.

(Please Print)

Date: ____/____/____

Name_____ DOB _____/_____/_____ AGE _____ SEX M / F

Single/Married/Divorced/Widow/Minor (circle one)

Mailing Address _____City _____ State ____ Zip _____

Home Phone (___)_____ Cell Phone (___)_____ Work Phone (___)_____ext.____

E-mail _____ Social Security # _____

Occupation _____ Employer _____ Self Employed _____ Student____

Whom may we thank for referring you to our office? _____

With whom are we allowed to discuss your health information?

Spouse _____ Other _____

Name Name/relationship

Contact Person's Home Phone (___)_____ Cell or Work Phone (___)_____

If patient is under 18 years of age:

I hereby give consent for Omni Eye Center – Laser Vision to treat (child's name) _____

Parent/Legal Guardian Signature _____ Date____/____/____

(PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED)

Do you have vision insurance? Yes No

1) _____

Vision Insurance Company

Do you have medical health insurance? Yes No

1) _____

Primary Insurance Company

2) _____

Secondary Insurance Company

Insured's Information:

Name_____

DOB ___/____/____ SS # _____

Employer _____

Relationship to patient _____

(Please present insurance card(s) to receptionist)

I authorize Omni Eye Center – Laser Vision to release any medical information necessary to my insurance company to process this claim. This authorization shall apply to all claims submitted on my behalf or for my dependents. I authorize payment of medical benefits to Omni Eye Center – Laser Vision. I understand that I am financially responsible to the provider for charges not covered by this authorization (non-covered services) as well as any deductible and/or coinsurance and that payment for these services is expected on the day the service is rendered.

I understand that the doctors at Omni Eye Center - Laser Vision observe the privacy practices established by the **HIPAA Compliance Acknowledgement**. Copies of the Notice of Privacy Practices are available upon request.

Name _____ Date ____/____/____

Print Signature