

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