



PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR APPOINTMENT. Thank you!

Referred by _____ (PCP, Optometrist, Family, Friend, Internet, etc.)

PATIENT INFORMATION

Name _____ Birth Date _____ Sex _____
Address _____ Social Security # _____
City/State/Zip _____ Occupation _____
Home Phone _____ Daytime Phone _____ Cell Phone _____
Email _____ Family Doctor _____ Optometrist _____
Ethnicity _____ Language Preference _____
Emergency Contact Name _____ Phone _____

PRIMARY INSURANCE

Insurance Name _____ Insured's Name _____
Address _____ Group # _____
City/State/Zip _____ Insured's ID # _____
Relationship to Patient _____ Insured's Birth Date _____

SECONDARY INSURANCE

Insurance Name _____ Insured's Name _____
Address _____ Group # _____
City/State/Zip _____ Insured's ID # _____
Relationship to Patient _____ Insured's Birth Date _____

FINANCIAL INFORMATION

I understand that I, as a patient, am fully responsible for payment on my account with Nevada Eye Consultants, regardless of any insurance coverage. All professional services rendered are charged to the patient. Necessary forms will be completed to help Nevada Eye Consultants of any billing or insurance changes. I agree to pay all attorney fees and/or collection fees, should collection become necessary.

RELEASE OF INFORMATION

I authorize the release of any information regarding the course of my examination and treatment to the insurance companies listed, and/or any physicians I may see. I further authorize Nevada Eye Consultants to obtain medical information from any source deemed necessary for my treatment. A copy of this authorization shall be considered as effective and valid as the original.

ASSIGNMENT OF BENEFITS

I authorize and assign any payment directly to Nevada Eye Consultants. I further authorize to them, any surgical and/or medical benefits otherwise payable to me for services. My consent is granted to use this original or a copy as effective and valid as the original.

I have read the above financial agreement, release of information, and assignment of benefits, and agreeing to the terms mentioned, do hereby sign my name.

Name

Date