

Evergreen Valley Optometry

Welcome To Our Office

Welcome to Evergreen Valley Optometry. Thank you for choosing us for your eyecare needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to complete the following information. Any information we already have on file will appear on this form. Please review all completed areas to ensure that the information we have is current and accurate. If you have any questions, please do not hesitate to ask.

Mr. Miss Mrs. Ms. Male Female

 First Name MI Last Name Preferred Name

 Street Address City State Zip

 Social Security Number Date of Birth Home Phone - Include Area Code Day Phone

 Email Address Guardian Person Responsible for Account

 Emergency Contact Emergency Phone

How were you referred to our office?

Who were you referred by?

- Phone Book School Advertisement Patient
 Insurance Listing Drive by Other Doctor

PRIMARY INSURANCE INFORMATION

 Name and Address of Primary Insurance Company City State Zip

M F

 Insured's First Name MI Insured's Last Name

 Insured's Identification Number Group Number Insured's Date of Birth

Patient Relationship to Insured

Patient Status

Single Married Other

Self Spouse Child Other

Full Time Student Part Time Student Employed

SECONDARY INSURANCE INFORMATION

 Name and Address of Secondary Insurance Company City State Zip

M F

 Insured's First Name MI Insured's Last Name

Patient Relationship to Insured

 Insured's Identification Number Group Number Insured's Date of Birth Self Spouse Child Other

Please Read:

In order to control the cost of billing, we ask that the patient's portion is paid at the time services are rendered unless other arrangements are made in advance. We would rather control billing costs than be forced to raise our fees. All professional services and material are charged to the patient. The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance. Accounts 90 days old are subject to collection fees. There will be a service charge on all returned checks.

Payment from my insurance is to be paid directly to Evergreen Valley Optometry. I understand that will be billed as my primary insurance. I understand that billing any secondary insurance is my responsibility. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed.