

# Welcome to Our Office

Patient's Name: (please print) \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_ Employer's Name: \_\_\_\_\_

(If is a minor child) Parent/guardian's Name: (please print) \_\_\_\_\_  
Last First

**Do you have Vision insurance?**  Yes  No **Vision Insurance Name?** \_\_\_\_\_

E.g., VSP, EyeMed, Davis Vision, Versant Health, MES, MedLife

**Health Insurance Plan's Name?** \_\_\_\_\_ **Vision Insurance I.D. Number?** \_\_\_\_\_

Are you the primary subscriber?  Yes  No

If no, please write the primary Subscriber's name: \_\_\_\_\_  
Last First D.O.B.

**Do you have benefits of Medi-Cal?** \_\_\_ Yes \_\_\_ No **What is your Medi-Cal I.D. Number?** \_\_\_\_\_

**Do you have Medicare Supplemental Insurance?** \_\_\_ Yes \_\_\_ No

E.g. : Alignment, SCAN, Humana, Blue Shield Aetna, Anthem Blue Cross. **What is your member I.D. Number?** \_\_\_\_\_

## How did you find out about our office? (Optional)

Provider listing: \_\_\_\_\_ Computer (on-line): \_\_\_\_\_ Yellow Pages: \_\_\_\_\_

Walk-in: \_\_\_\_\_ Family: \_\_\_\_\_ Friend: \_\_\_\_\_ Other: \_\_\_\_\_

## Please read and agree to the terms of the services.

Payments are expected at the time of service, which include co-payment, co-insurance, and non-covered charges.

Eyeglasses, lenses and/or contact lenses that are not picked up within 60 days will be returned to stock and the deposit will be forfeited, without compensation or refunds.

I accept full responsibility for all charges, and I accept financial responsibility for any non-covered or denied charges and for co-pays, deductibles, and coinsurance not covered by my insurance.

We accept cash, credit cards, Apple Pay, FSA, HSA, and Care Credit®.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_