

# Welcome To Our Office

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ SS# \_\_\_\_\_ City \_\_\_\_\_ Birth Date \_\_\_\_\_

State/Zip \_\_\_\_\_ Sex \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Marital Status S M D

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

E-mail Address \_\_\_\_\_ If you do not want to receive promotional emails from us, please check this box ?

Please fill out the Medical History Questionnaire you find with this form as completely as possible. It is a lengthy form, and requires that you record a lot of information. However, that information will enable us to provide you with the best eye care services possible. All of the information you give us will be kept strictly confidential. Thank you for your cooperation.

---

## Payment Information

Please circle the method of payment below:

Cash/Check      Credit Card      Medicare      Other Major Medical \*Insurance \_\_\_\_\_

Payment Policy: Payment in full is expected at the time professional services are rendered and/or materials are ordered. We are happy to file for insurance payment when applicable.

## Vision Insurance Information

Primary Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relation to Patient \_\_\_\_\_

---

## Acknowledgment

If insurance is filed on my behalf, I authorize my insurance benefits to be paid directly to OOVC. I agree that unless OOVC and my insurer have a prior agreement, I am personally responsible for all non-covered services and deductibles. Should my account become delinquent and require collection service, I agree to pay all reasonable collection and handling fees. I authorize the release of medical information to insurance carriers or other physicians if it is deemed necessary by my optometrist for financial or consultative reasons.

Responsible Party \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

Parent/Spouse Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

\* We may, in some cases, be able to bill your major medical plan.