WELCOME

PATIENT INFORMATION

Belton Eye Care Center

Name _____ DOB ____/____/____ Minor: ☐Y* ☐N

Address _____ SSN:_____

City _____ St ____ Zip _____ Sex: ☐M ☐F

Cell Phone _____ Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced

Work Phone _____ Employment Status:
☐FT ☐Retired ☐Unemployed ☐FT Student

Home Phone _____ Employer _____

Email _____ How did you learn about our office?
☐Family/Friend ☐Insurance ☐Location ☐Sign
☐Other_____

Preferred Communication: ☐ Phone ☐ Email ☐ Mail

If Minor, Parent or Guardian Information:

Name _____ DOB ____/____/____ Sex: ☐M ☐F

Address _____ SSN:_____

City _____ St ____ Zip _____ Email _____

Cell Phone _____ Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced

Work Phone _____ Relationship to Patient: _____

Home Phone _____

Insurance Information *Please present all insurance cards and drivers license. Without complete information, we will be unable to file insurance on your behalf.*

Primary Insured

Name _____ DOB ____/____/____

SSN _____ Relationship to Patient _____

Employer _____ Vision Insurance _____

Medical Insurance _____ Vision ID # _____

Medical ID # _____

Assignment and Release
I certify that I, and/or my dependent(s), have insurance coverage with the above listed companies and assign directly to Richard C. Weaver, O.D. and his associates all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

HIPPA (Acknowledgement of Receipt of Privacy Notice)
By signing this acknowledgement of Receipt of Notice of Privacy Practices, I acknowledge and agree that I have received a copy for my files or have been offered a copy of the Notice of Privacy Practices for review on the date identified below. I understand that Belton Eye Care Center may use and disclose necessary health information for purposes of treatment, payment, and healthcare operations.

_____ _____

Signature of Patient (*If minor, signature of responsible party) Date