PATIENT INFORMATION

Patient Name (Last)	(First)	(M.I.)	Social Security Number:	Preferred Language

Home Phone	Sex	Date of Birth	Age	Marital Status	Email address

Address	Apt./ Suite/Unit #	
City	State	Zip Code
Patients Employer (Guarantors if patient is a minor)	Occupation	
Employer's Address	Work Phone	
City	State	Zip
Referring Physician	How did you hear about our office?	

Who to notify in case of emergency	Phone	Relationship	
Address	City	State	Zip Code

GUARANTOR INFORMATION

Guarantor Name (Last)	(First)	D.O.B.	SSN:	Home Phone

Guarantor Address	City	State	Zip Code

Guarantor Employer	Guarantor Employer Address	Work Phone

INSURANCE INFORMATION (please give the receptionist your insurance cards)

Primary Insurance Co.		Phone	
Address	City	State	Zip Code
Policy Holder Name	Date of Birth	SSN #	

Relationship to Patient	Policy Holders Employer	
Policy #	Group #	Effective Date

Secondary Insurance Co.		Phone	
Address	City	State	Zip Code

Policy #	Group #	Effective Date

Please read and initial each line:

_____ I hereby certify the above information is correct and complete. I authorize Silver State Eye Care to release of information necessary to file a claim with my insurance company. I assign benefits otherwise payable to the doctor or group indicated on the claim.

_____ If a check is returned for any reason a $50 dollar fee will be assessed along with the payment due.

_____ A $20 dollar rebilling fee will be charged for each time a bill is sent out to collect a past due amount.

_____ I understand that I am financially responsible for all charges (including copays, deductibles, or coinsurances).

_____ If my account goes to collections, I will be responsible for any collections fees that are accessed.

_____ Unless my insurance has a vision policy- a refraction charge of forty five dollars ($45) is not covered. Therefore payment is my responsibility and is due at the time of visit.

_____ I agree that Silver State Eye Care has made available to me their HIPPA Privacy Notice at their reception desk.

_____ I understand that Silver State Eye Care has a no return and no refund policy on purchases of eyeglasses, contacts or other eye care products sold at Silver State eye Care. Eyeglasses can be remade once within 30 days of purchase if not satisfied additional remakes will incur additional charges depending on lenses chosen.

_____ Here at Silver State Eye Care we stand behind our products. Therefore, if you purchase your eyeglasses elsewhere and they are made improperly and want another refraction to check your glasses. You will be charged for another office visit.

Patient Signature	Date	Guarantor Signature