WELCOME

PATIENT INFORMATION

Date _____

Name _____ MI ____ _____ Home Phone _____

Nickname _____ Work Phone _____

Birthdate _____ ☐ Male ☐ Female Cell Phone _____

Address _____ Employer/School _____

City _____ ☐ Full Time ☐ Part Time ☐ Student ☐ Retired

State _____ Zip _____- __ __ __ __

Social Security # _____ Spouse's Name _____

E-Mail _____ Spouse's Birthdate _____

☐ Minor ☐ Single ☐ Married ☐ Widowed Spouse's SS# _____

☐ Legally Separated ☐ Divorced Spouse's Employer _____

If minor, name of parent(s)/guardian(s) _____

PERSON RESPONSIBLE FOR ACCOUNT

☐ Same as Patient ☐ Other than Patient (Please complete info below)

Name _____

Birthdate _____ Employer _____

Address _____ Daytime Phone _____

State _____ Zip _____ Relationship to Patient _____

VISION INSURANCE

Insurance Co. _____

ID # _____

Group # _____ Birthdate _____

Subscriber _____

Relationship to Patient _____

MEDICAL INSURANCE

Insurance Co. _____

ID # _____

Group # _____ Birthdate _____

Subscriber _____

Relationship to Patient _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICIES

I acknowledge that I received a copy of the Notice of Privacy Practices for this office

Signed_____ Date_____

IF YOU ARE NEW TO OUR OFFICE, WHOM MAY WE THANK FOR REFERRING YOU? _____

IF NOT REFERRED, HOW DID YOU SELECT OUR OFFICE? ☐ Insurance Company ☐ Community Directory ☐ Marketing Flyer ☐ Splash ☐ Sign/Building ☐ Yellow Pages ☐ Our Website

Assignment and Release

I certify that I, and/or my dependents have insurance with the above named insurance company(ies) and assign directly to Ironwood Vision Center, Dr. Garn, and/or Dr. Ulrich 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. Dr. Garn and Dr. Ulrich may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signed _____ Date _____