



Last Name

Date of Birth

First Name

Middle

Social Security #

Nickname and/or Title

If Under 18, Parent/Guardian's Name(s)

Address

Please check:

- Male
- Female

City

State

Zip

Please check:

- Married
- Widowed
- Single
- Divorced
- Legally Separated

Home Phone

Daytime Phone

Mobile Phone

Please check:

- Employed Full-Time
- Employed Part-Time
- Self-Employed
- Retired
- Full-Time Student
- Part-Time Student
- On Active Military Duty
- Not Employed

Email Address

Employer/School

Occupation

Referred By

I certify that I have insurance coverage with the company(ies) listed below and assign directly to Heritage Eye Care 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 for by insurance. I authorize the use of my signature on all insurance submissions. Heritage Eye Care may use my health care information and may disclose such information to my 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. I request, if applicable, that payment of authorized Medicare and Medicaid benefits be made either to me or to my Beneficiary or to Heritage Eye Care for any services furnished to me by them.

I understand that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It will be my responsibility to pay any deductible amount, co-pays, or any other balance not paid for by my insurance company(ies) to Heritage Eye Care. I understand that I will be required to pay my co-pay at every visit, including, but not limited to, any follow-up visits.

Signature _____ Date _____

Primary Medical Insurance

Primary Insured's Name

Secondary Medical Insurance, If Any

Primary Insured's Date of Birth

Vision Insurance

Primary Insured's Social Security #

Group Name, Employer, or Self-Insured

Primary Insured's Relationship to Patient