

PATIENT INFORMATION

NAME: _____ DATE _____
 (first) (middle) (last)
 ADDRESS: _____ ALTERNATE ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (_____) _____ MARITAL STATUS: SINGLE MARRIED WIDOWED OTHER
 WORK/CELL PHONE _____ ALIAS _____
 EMPLOYER _____ GENDER: MALE FEMALE
 SOCIAL SECURITY # _____ PERSONAL E-MAIL ADDRESS: _____
 BIRTH DATE _____ AGE _____

INFORMATION ON SPOUSE OR PERSON RESPONSIBLE FOR CHARGES NOT PAID BY INSURANCE

NAME: _____ SOCIAL SECURITY # _____
 (first) (middle) (last)
 ADDRESS _____ HOME PHONE (_____) _____
 CITY _____ STATE _____ ZIP _____ BUSINESS PHONE (_____) _____
 EMPLOYER _____ RELATIONSHIP TO PATIENT _____

RELATIVE OR FRIEND NOT LIVING WITH YOU: NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE # (_____) _____

CO-PAY _____ Co-pays are due at the time of service or are subject to a \$5.00 billing fee

INSURANCE INFORMATION	PRIMARY INSURANCE <input type="checkbox"/> MEDICAL <input type="checkbox"/> VISION <input type="checkbox"/> OTHER	OTHER INSURANCE** <input type="checkbox"/> MEDICAL <input type="checkbox"/> VISION <input type="checkbox"/> OTHER
INSURANCE NAME		
POLICY HOLDER'S NAME		
POLICY HOLDER'S EMPLOYER		
POLICY HOLDER'S SOCIAL SECURITY #		
GROUP #, MEMBER #, OR CLAIM #		
POLICY HOLDER'S ADDRESS & PHONE NUMBER IF DIFFERENT FROM PATIENT		
POLICY HOLDER'S BIRTH DATE & SEX M F		
RELATION OF PATIENT TO POLICY HOLDER		

****MEDICARE PATIENTS ONLY**
 PLEASE CHECK APPROPRIATE BOX

SUPPLEMENTAL INSURANCE IS PROVIDED BY PATIENT (MG)

SUPPLEMENTAL INSURANCE IS PROVIDED BY EMPLOYER (SP)

Release of benefits / medical information and lifetime Medicare authorization

I authorize my insurance benefits to be paid directly to Physicians Eye Clinic Cataract & Refractive Surgery Center. I am financially responsible for any balance due. I also authorize Physicians Eye Clinic Cataract & Refractive Surgery Center or my insurance company to release any information required for this claim. Fees are due at the time of my appointment unless other arrangements are made in advance.

I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by or in Physicians Eye Clinic Cataract & Refractive Surgery Center including physician services. I authorize any holder of medical or other information about me to release to the Centers for Medicare & Medicaid services and its agents any information needed to determine these benefits or benefits for related services.

SIGNATURE _____ **DATE** _____
 (SIGNATURE OF PATIENT, GUARDIAN OR PARENT IF A MINOR)

Thank you for allowing us to participate in your health care. The following information is being given to you to help you understand our insurance and billing policies, and to help us offer you excellent customer service. Your insurance carrier establishes many of these policies and we are unable to deviate from them. This form does not attempt to address all areas or protocols of your insurance. You will need to contact your insurance company directly with more specific questions. Please bring your insurance card and picture id to your appointment.

Please review the areas below, which pertain to you:

MEDICARE:

1. All of our physicians at Physicians Eye Clinic are Medicare assigned doctors. This means Medicare patients are responsible for payment of deductibles, coinsurance amounts and any “not covered services”.
2. The Medicare program has provided Medicare recipients with a list of “not covered services and items”. This list can be found in your Medicare Handbook.
3. One service not covered by Medicare is routine eye exams, or the part of the medical eye examination that deals with the refractive state of your eyes. This service referred to as a refraction, is an important part of an eye evaluation. It is necessary to have it performed to completely assess your visual needs. You may have additional insurance that will help pay for this, but ultimately you are responsible for paying for this service.
4. We will submit your claim to Medicare. In most cases, Medicare will forward your claim directly to your supplemental insurance if you have one. After hearing from Medicare and your supplemental insurance company if applicable, we will send you a bill for the remaining balance due.
5. If you have Medicare and are currently working it is important to provide us with any other insurance information that may be primary to Medicare. Please direct any questions regarding this to the receptionist or business office.

PRIVATE INSURANCE POLICIES (NON-Contracted):

It is our policy to collect payment at the time of service when you have a private insurance. It is your responsibility to submit the claim to your insurance company. If you have any doubt if you have a private insurance, please direct any questions to the receptionist or contact our business office.

MANAGED CARE INSURANCE PLANS AND OTHER CONTRACTED PLANS

1. We accept payment based on the insurance company’s allowable fee structure and the contract we have with them. Copays are to be paid at the time of service. Any allowable balances are the responsibility of you and are due in full within 30 days of receiving your first statement from our office. Your account may be subject to a rebilling fee, or further legal action unless other arrangements are made.
2. It is your responsibility to obtain any necessary referrals and to provide us with a copy of your insurance card.
3. You will be required to follow the protocols set forth by your insurance contract. If you wish to deviate from these protocols, you need to address them directly with your insurance company. If your company chooses not to pay because of your deviation, payment will be due in 30 days.

PATIENTS WITHOUT INSURANCE COVERAGE, OR PROOF OF IT:

Payment in full is expected at the time of service. In some instances other payment arrangements may be allowed; however, such arrangements must be made with our office prior to your visit.

METHODS OF PAYMENT

We accept cash, personal checks, cashier’s checks, money orders, MasterCard/Visa, Discover Cards, American Express Cards, and Care Credit.

Welcome to Physician’s Eye Clinic and Laser Center! Thank you for selecting us for your vision care.

After the doctor gives you a prescription for your new glasses, you’re faced with finding a place to get your glasses made. The following factors should be considered before you make your decision.

Frames are available in a wide range of prices. Two frames may look alike, but one might be of high quality and last for years, while the other is a cheaper imitation. Hinges on many inexpensive frames may break in a few months. In fact, so called “bargain” or “discount” frames may turn out to be more expensive in the long run than high quality frames which will look better and last longer. Any frame should be carefully fit to insure proper position of the lenses and comfortable wear. We carry high quality frames that will offer you years of wear and comfort.

Lenses also differ greatly in price depending on the lens technology. Some lens manufacturers make a higher quality lens than others, which will help you see clearer. There are many different lens options which effect the price too, including thinner, lighter lenses, photosensitive lenses and progressive no line lenses. The high quality lenses that we carry will offer you the best visual acuity. Our scratch resistant and anti-reflective coatings are more durable than less expensive coatings.

The service from the person who makes your glasses is of great importance. The benefits of your ophthalmologist's careful examination can be undone if the person fitting your glasses fails to accurately fill the prescription or the frames are uncomfortable. The optical you choose should be willing to make needed adjustments to your new glasses. Quality service can make a great contribution toward your overall satisfaction with your glasses. Our staff consists of Opticians that are licensed with the State of Washington, they are specialists in recommending and fitting glasses for both appearance and years of use.

The Gallery of Eyewear is dedicated to offering the finest in lenses and frames at competitive prices and is staffed by experienced licensed professionals. We have the skills to carefully guide you to the proper selection in lenses and frames, and to solve any eyewear problems, should they occur. Every pair of glasses comes with a written warranty. We hope that you will try our services with the attached coupon.

GALLERY OF EYEWEAR

Exclusive Offer for New Patients

20% off your first eyewear order

Frames limited to stock on hand. Must present coupon at time of ordering. May not be valid with some insurance plans. Not valid towards contact lenses, fitting fees or accessory items. Coupon expires within 90 days of eye exam. Value 1/20 of a cent.