

Check-In Information

First Name

Last Name

Date of Birth

Mailing Address

City

State

Zip code

Social Security

Home Phone

Cell Phone

Email

Parent/Guarantor

Occupation/Student

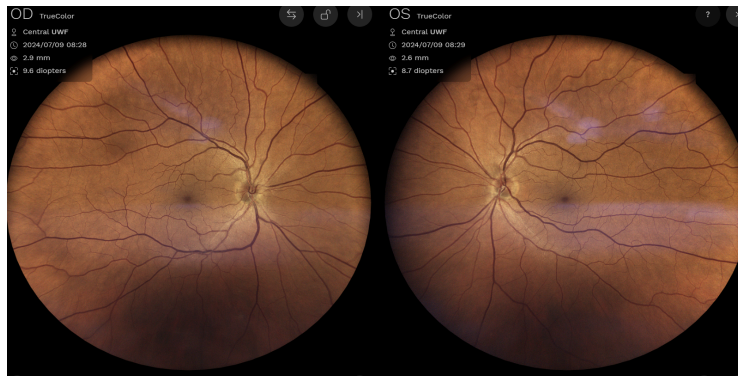
Please list all Medications:

Please list all drug Allergies:

*Present current **Medical** and **Vision** insurance cards with this form



(Turn Over)



- Obtained at ALL Comprehensive Eye Exam visits. Please let the Front Desk or Assistant know if you suffer from Seizures, Epilepsy, or any other light sensitivity condition.
- Retinal Images are covered by Medical and Vision insurance, and included in Cash price for the exam. Copays, Deductibles, Coinsurance may apply. Please ask the front desk for clarification about your specific insurance plan if needed.

- **Optical**

- Frame Adjustments, Repairs, Warranties, Fit modifications, etc are provided as a courtesy at NO COST to patients who purchase eyewear in our Optical.
- Eyewear/Contact Lens Rx filled outside our office will NOT receive the benefits listed above (including fit adjustment, prescription verification, vision checks, etc)

- **Insurance**

- As a courtesy, we file all In-Network and a select number of Out-of-Network policies. All patient out of pocket expenses are due at time of service.
- Medical exams will be billed to your medical insurance policy.
- Vision exams are solely for refractive purposes and do not cover ancillary medical testing.
- A refraction is performed to determine your best vision and to be able to give a new/updated glasses prescription. Medical insurances do not cover the refraction fee of \$30

- **Break in appointment**

- We require a 24 hour cancellation notice as a courtesy to fill your reserved appointment. Each break in appointment without a proper notice will be charged a \$50 fee

Signature

Date: / /