Advance Family EyeCare

Dr. Eldon R Repsher, *Optometrist*

PATIENT INFORMATION FORM

Today's Date: _____

Patient's Full Name: _____ Date of Birth: _____

Address: _____ Social Security # _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Do you accept text messages: Y / N

Email: _____ How do you prefer to be contacted: Cell Phone / E-mail / Text

Employer: _____ Work Phone: _____

Spouse's Name: _____ Work Phone: _____

To notify In Case of Emergency? _____ Phone: _____

Race: white black hispanic asian indian other_____ MALE FEMALE

For Children, Please Fill out This Section:

Father ❑ guarantor?

Name: _____

Address: _____

City/St/Zip _____

Social Security # _____ DOB_____

Employer: _____

Phone: _____

Mother ❑ guarantor?

Name: _____

Address: _____

City/St/Zip _____

Social Security #_____ DOB_____

Employer: _____

Phone: _____

Who is **PRIMARY INSURANCE** under? Father Mother Self Spouse

Vision Insurance: _____ ID #_____

Medical Insurance: _____ ID #_____

DOB of Primary Member _____ **SS# of Primary Member** _____

Phone# of Primary Member _____ **Address of Member** _____

(We will need to make copies of your cards)

Assignment of Benefits

I hereby assign all medical and/or vision benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to Advance Family EyeCare.
To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of the patient record.
This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assignee to release all medical information necessary to secure the payment.

Patient Signature _____ Date _____

Signature of
Responsible Party _____Relationship _____ Date _____

Please remember that insurance is a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. The ultimate responsibility for payment to the optometrist lies with you.

Privacy and Health information will be given on iPad