

Welcome to Millard Family Eyecare

Patient Information

Patient's Name _____ Male / Female
Address _____
City _____ State _____ Zip _____
Birth date _____ Age _____ Name of School _____ Grade _____
Family Doctor / Pediatrician _____
Parent's/ Guardian's Name _____ Mr. Mrs. Miss Ms. Dr. Rev.

Phone Numbers & Contact Information

Home Phone _____
Mother/Guardian's Work Phone _____ Employer _____ Cell Phone _____
Father/Guardian's Work Phone _____ Employer _____ Cell Phone _____
Email: _____
What is the best time to reach you: _____ Preferred method to reach you?: Home Work Cell Email

Please list any other members of your household who come to our office _____

If you are a **new** patient how did you find out about our office?:

- Insurance Family Yellow Pages Internet
 Physician Drive By Other _____

Who referred you to our office? (Name) _____

Special Issues (if need more space please use reverse of this form)

Any special issues / concerns regarding your child's eyes / learning / school performance? ___ Yes ___ No

If Yes, explain _____

Is your child performing at or above grade level? ___ Yes ___ No

If No, explain _____

Acknowledgement of Receipt Notice of Privacy Practices

I acknowledge that I received a copy of Millard Family Eyecare's Notice of Privacy Practices.

(Signature)

(Date)

Assignment & Release

I hereby authorize Millard Family Eyecare to furnish to the insurance company all information which said insurance company may request concerning my present eye condition, illness or injury. Information may also be disclosed to the referring physician or to other health care providers, facilities, or agencies. I hereby assign to Millard Family Eyecare, the amount of money to which I am entitled for medical and/or vision expenses for each claim submitted. This consent will end when my current treatment plan is completed or one year from the date signed below.

(Signature)

(Date)

Please Note: Insurance may cover only part of your charges. If we do not accept direct payment from your insurance plan, you will need to pay our office and submit your receipt for reimbursement from your insurance company. If your insurance does not pay as expected, you are ultimately responsible for all charges. We cannot be responsible if you are not eligible for benefits. We will be happy to assist you with your claims, please discuss this with the receptionist.