Pima Eye Institute, PC

Patient Information

Name _____ Today's Date _____
First MI Last

Birthdate _____ Age _____ Sex _____ SS# _____

Local address _____

City _____State _____ Zip _____ Phone _____

Out of state address _____

City _____State _____ Zip _____ Phone _____

Employer _____ Occupation _____

Work address _____

City _____State _____ Zip _____ Phone _____

Marital status: Single Married Divorced Widowed Separated

Spouse's name: _____

Person to contact in case of emergency: _____ Phone _____

Referral

How did you hear about our office?

Physician/Optometrist: _____ Friend/Relative: _____

☐ Yellow Pages ☐ Insurance company ☐ Prior patient

Primary Care Physician: _____

Insurance

Name of person responsible for this account

Relationship to patient _____ Phone _____

Address _____ City _____ State _____ Zip _____

Primary Insurance _____ID # _____ Group # _____

Deductible: _____ How much have you used? _____ Medicare ID # _____

Privacy Policy

Our practice is committed to securing the privacy of your health information.

I acknowledge that I have received a copy of Pima Eye Institute's Notice of Privacy Practices.

Signature _____ Date _____

IF YOU HAVE ANY QUESTIONS REGARDING FEES OR PAYMENT OF YOUR BILL, WE WILL BE HAPPY TO DISCUSS THEM WITH YOU. THE PATIENT IS DIRECTLY RESPONSIBLE FOR PAYMENT OF THE BILL. PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. I HEREBY AUTHORIZE AND DIRECT PAYMENT TO PIMA EYE INSTITUTE, PC FOR THE SURGICAL AND/OR MEDICAL BENEFITS, IF ANY, OTHERWISE PAYABLE TO ME UNDER TERMS OF MY INSURANCE. I ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED SERVICES OR EXPENSES. I HEREBY AUTHORIZE PIMA EYE INSTITUTE. PC TO RELEASE ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT TO THE EXTENT ALLOWED BY LAW. I HEREBY AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR MEDICAL CARE FACILITY TO PROVIDE ALL INFORMATION ON MY MEDICAL HISTORY AND TREATMENT TO PIMA EYE INSTITUTE, PC. I HEREBY AUTHORIZE PHOTOCOPIES OF THIS FORM TO BE AS VALID AS THE ORIGINAL.

I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND IT.

SIGNATURE _____ DATE _____