

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Employer \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse or Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

Referred By: \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Doctor \_\_\_\_\_ (Name)  
\_\_\_\_\_ Employer \_\_\_\_\_ Previous Patient \_\_\_\_\_ (Name)  
\_\_\_\_\_ Other \_\_\_\_\_

Preferred Method of Contact (check One or more):

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email

## STATEMENT OF FINANCIAL POLICY

Our office is doing everything possible to keep the cost of your eyecare down. In order to do this, we ask that payment be made when services are rendered. A deposit is required prior to ordering any materials. The balance is due on delivery.

**REGARDING INSURANCE:** We wish our patients to know that we are providers only for the insurance programs listed below. Patients are responsible for all copays, deductibles, and non-covered charges. In the event that your insurance company denies coverage for any reason or has not made payment within 90 days of the time of service, the patient is responsible for payment. For other insurance programs, we will prepare necessary forms to help you obtain benefits, but payment is expected at the time of service.

Please indicate below your preferred method of payment:

_____ Cash or Check	_____ Medicare
_____ Mastercard or Visa	_____ Medicaid
_____ Southland National (PEEHIP)	_____ Blue Cross Preferred Care (PMD)
_____ Vision Service Plan	_____ United Health Care
_____ Vision Care Plan	_____ Spectera
_____ Eyemed	

I do hereby agree that all charges and/or materials are due and payable at the time of said service and/or material order. I have read and understand the above policy. I have received a copy of Dr. Whatley's "Notice of Privacy Practices".

\_\_\_\_\_  
Patient or Responsible Party

\_\_\_\_\_  
Date Signed