PATIENT INTAKE FORM

Full Name:_____ Birth Date:____/_____/_____

Nickname: _____ Gender: M / F How did you hear about us? _____

Mailing Address: Street_____City_____St_____Zipcode_____

Email Address:_____ Primary Care/Family Doctor:_____

Cell Phone: (____)_____ Home Phone: (____)_____ Last 4 of SS#_____

Occupation:_____ Employer_____

Emergency Contact Name_____ Phone Number (____)_____

I authorize that my exam and medical information may be shared with the following people:

_____

NOTICE OF PRIVACY PRACTICES

By signing below you attest that you have received, and understand this practice's privacy policy and the rights to privacy that you are afforded by federal legislation (HIPAA Privacy Act). The privacy policy outlines how your information is shared only for the purpose of performing service or collecting payment.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Black Mountain Family EyeCare to release any medical or incidental information that may be necessary for medical benefit or in processing applications for financial benefit. This includes but is not limited to my insurance company, Rehabilitation Services, Social Security Administration, and Worker's Compensation.

FINANCIAL ASSIGNMENT AND AGREEMENT

I understand that I am responsible for payment of all charges. As a courtesy, my insurance will be billed for me. It is my responsibility to pay any deductibles, copays, or other charges not paid by my insurance company. I authorize Black Mountain Family EyeCare to bill my insurance company for services provided to me and authorize insurance benefits to be paid directly to the provider.

CONTACT LENS PATIENTS

In addition to the comprehensive eye exam, there will be a *contact lens evaluation fee*. I understand that I am responsible for all contact lens services and contact lenses when not covered by my plan.

DILATION

You may have dilation drops instilled in your eyes, as part of your eye examination. The drops may cause light sensitivity and blurred vision. The drops allow the doctor to get a comprehensive view of your eye health.

RETINAL IMAGES

Retinal images are performed at every comprehensive exam to allow the doctor track change. **The fee for this procedure is $30.** They will be performed at no charge for kids 18 and under.

About Your Insurance

There are two types of health insurance that will help pay for your eye care services and optical products. You may have both types and Black Mountain Family EyeCare accepts most insurance plans in both categories: 1) Vision plans (such as VSP, EyeMed and others) and 2) Medical insurance (such as Blue Cross/Blue Shield, Medicare and others).

· Vision plans only cover routine vision wellness exams, along with eyeglasses and contact lenses. Vision plans do not cover medical eye care (the diagnosis, management or treatment of eye health problems).
· Medical insurance must be used for medical eye care.
· If you have both types of insurance plans it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expense.
· If some fees are not paid by your insurance, we will bill you for them, such as deductibles, co-pays or non-covered services as allowed by the insurance contract.

I have read and understand these policies: SIGNATURE: _____ Date: ____/_____/_____