

Patient Information:

Full Name: _____

Reason for visit: _____

Name of your primary Dr. _____

Please note any history of the following for only you, your parents, grandparents, or siblings:

<u>Disease/Conditions</u>	You	Family	Relationship to you/explanation
Cataract	___	___	_____
Glaucoma	___	___	_____
Macular Degeneration	___	___	_____
Diabetes	___	___	_____
Hypertension/Heart Disease	___	___	_____

List any additional here: _____

List any prescription or non-prescription medications you take: _____

Are you allergic to any medications? _____

How did you hear about us?/Who can we thank for referring you to our office? _____

Consent to Use or Disclose Health Information

In the course of providing service to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct health care operations involving our Office. We have a comprehensive **Notice of Privacy Practices** that describes these uses and disclosure of my health information for purposes of treatment, payment, and health care operations by Performance Eyecare, P.C.

Signature Date

Insurance Signature on File

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payments of these benefits directly to Performance Eyecare, P.C. on my behalf for any services and materials furnished. I authorize any holder of medical information about me to release to the Health Care Financing Administration any information needed to determine these benefits payable to related services.

Signature Date

Payment Agreement

I understand that Performance Eyecare will bill my vision benefits and/or health insurance. I know that I am responsible for any remaining balance after the claim is submitted. Should my insurance not cover the services that are submitted in full, I agree to pay any outstanding balances.

Signature Date