

Welcome to Johansen Precision Eye Care

NAME _____ SEX M F AGE _____ DATE OF BIRTH _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ SS# _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE) *PHONE BOOK NEWSPAPER FRIEND FAMILY DOCTOR OTHER*

INSURANCE INFORMATION (IF APPLICABLE) NAME OF MEDICAL INSURANCE _____

PRIMARY INSURED _____ RELATIONSHIP TO PATIENT _____ DOB _____

SOCIAL SECURITY # _____ INSURANCE ID # _____

SECONDARY INSURANCE (YES) (NO) NAME OF SECONDARY _____

PRIMARY INSURED _____ RELATIONSHIP TO PATIENT _____ DOB _____

SOCIAL SECURITY # _____ INSURANCE ID # _____

NAME OF VISION INSURANCE _____ PRIMARY'S NAME _____

RELATIONSHIP TO PATIENT _____ DOB _____

SOCIAL SECURITY # _____ INSURANCE ID# _____

IF THE PATIENT IS A MINOR, PLEASE SIGN BELOW GIVING US PERMISSION TO EXAMINE AND TREAT THEM.

NAME _____ RELATIONSHIP TO PATIENT _____

(PLEASE PRINT)

SIGNATURE _____ DATE _____

FINANCIAL POLICY

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. WE ACCEPT ASSIGNMENT FOR SOME INSURANCES, BUT ANY UNPAID BALANCE, AFTER INSURANCE PAYMENTS, INCLUDING BUT NOT LIMITED TO CO-PAY AND DEDUCTIBLE AMOUNTS ARE THE PATIENT'S RESPONSIBILITY. THERE ARE NO REFUNDS FOR SERVICES RENDERED, EXCEPT FOR OVERPAYMENT OF CO-PAY OF COINSURANCE. I AGREE TO ALLOW JOHANSEN PRECISION EYE CARE TO USE MY MEDICAL INFORMATION FOR INSURANCE BILLING.

OUR PRIVACY POLICY IS DISPLAYED CONVENIENTLY IN OUR WAITING ROOM FOR YOU TO READ. IF YOU WOULD LIKE A COPY OF OUR PRIVACY POLICY, PLEASE REQUEST ONE FROM OUR STAFF.

I HAVE HAD AN OPPORTUNITY TO READ AND/OR OBTAIN A COPY OF JOHANSEN PRECISION EYE CARE'S PRIVACY POLICY:

SIGNATURE _____ DATE _____

PUPIL DILATION IS THE USE OF EYE DROPS TO ENLARGE THE PUPIL TO FACILITATE A MORE THOROUGH EXAMINATION OF THE EYE. SIDE EFFECTS OF DILATION MAY INCLUDE BLURRED VISION AND MILD LIGHT SENSITIVITY, WHICH MAY LAST FROM 2-8 HOURS. WHILE PUPIL DILATION ALLOWS MORE THOROUGH EXAMINATION, IT IS NOT MANDATORY.

DO YOU CONSENT TO DILATION TODAY? YES NO

ARE YOU INTERESTED IN CONTACT LENS? YES NO

ARE YOU INTERESTED IN LASIK? YES NO