

Western Slope Eye Care, PLLC
Bookcliff Vision Center San Juan Eye Centers
Grand Junction Montrose Delta

PATIENT DEMOGRAPHIC, FINANCIAL & INSURANCE INFORMATION

Name _____	Birth Date _____	Spouse _____
Address _____	City _____	State _____ Zip _____
Home Phone _____	Other contact phone _____	SS# _____
Employer _____	Occupation _____	Email _____

May we contact you by e-mail? (for appointment recall & reminder, for providing important office or eyecare information, or for convenient online contact lens ordering) Initial if <input type="checkbox"/>				
YES				
If this is your first time here, how did you find out about us?				
Yellow page <input type="checkbox"/>	Insurance Plan <input type="checkbox"/>	TV <input type="checkbox"/>	Newsprint <input type="checkbox"/>	Mail <input type="checkbox"/>
Referral by _____				

Vision Insurance Company (covers 'routine' eye exam & sometimes materials) _____
Medical/Health Insurance Company (covers eye exam, except refraction, for a medical-based problem; this may include diabetes, dry eyes, infection, allergies, glaucoma, cataracts) _____
Insurance Plan Subscriber (if not self) _____ ID number _____

If you have insurance, we may elect to bill your insurance company. If we are not a participating provider, the insurance may reimburse at a lower fee, if at all. It is your responsibility to pay deductibles, co-pays, or balances not paid by the insurance.

I authorize release of information from my exam record deemed necessary by my insurance company and assign all benefits for unpaid services to **Western Slope Eye Care, PLLC**. I understand that financial responsibility for my account is ultimately mine.

Also, by signing this form, I give consent to treatment for myself or to the Minor for which this information pertains. I give permission for the doctor to examine, diagnose and initiate treatment as deemed appropriate. I also agree to financial responsibility for any additional tests or procedures that may be necessary for diagnosis and treatment.

Signature of patient or legal guardian **Date**