



NEW PATIENT INFORMATION SHEET

PLEASE PRINT

Patient's Name _____ Birth Date _____ Age _____

Married Single Widowed Divorced Separated Male Female

Address _____ City _____

State _____ Zip Code _____ Tel. () _____

Social Security # _____ - _____ - _____ DOB _____ / _____ / _____

Alternate Phone Number and/or Cell Number () _____

Email _____ Pharmacy _____ () _____

Employed by _____ Phone () _____

Business Address _____ Occupation _____

Responsible Party (If Minor) _____ Phone () _____

Employed By _____ Phone () _____

Business Address _____ Occupation _____

Social Security # _____ - _____ - _____ DOB _____ / _____ / _____

Emergency Contact: _____

Patient Referred By _____

Do you have Medical or Vision Insurance? No Yes: Medical Vision _____

Member's Name (If other than patient): _____

Relationship: _____ Male Female

Member's Social Security # _____ - _____ - _____ DOB _____ / _____ / _____

Name of Insurance(s) _____

Was your condition caused by work or accident? Yes No

I request that payment for authorized medical benefits be made on my behalf to any doctor of North Valley Eye Medical Group, Inc. for services rendered by that physician or supplier.

I authorize the release of any medical information necessary to process these claims to the insurance carrier(s) listed above or its agents.

Date

Patient's or Responsible Party Signature

PAYMENTS ON ACCOUNTS: The office bill is due and payable at the time it is presented. An agreement covering payment of the bill may be made with the Office Manager. I understand that I am directly and fully responsible to North Valley Eye Medical Group, Inc. for all medical bills rendered. In the event that a service is not covered by my insurance and/or only partially covered by my insurance, I realize that I am financially responsible for the balance due. In the event that litigation is necessary to collect fees for services rendered, I am responsible for payment of all attorney, court costs, and any other costs incurred to collect payment due.