

Welcome To Westlake Eye Specialists

Please Print Information

Circle One: Dr. Mr. Mrs. Ms. Miss

NAME: _____
Last First MI

Home Phone: (____) _____ - _____ Cell _____ - _____ E-mail _____

Address: _____

City: _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Birth date _____ Age _____ Male ___ Female ___

Employer _____ Business Phone (____) _____ - _____

Occupation _____ Circle One: Single Married Widowed

Family Physician _____ Phone Number (____) _____ - _____

Referred By _____ Phone Number (____) _____ - _____

Primary Insurance Cardholder Information:

Name _____ Relationship to Patient _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Social Security # _____ - _____ - _____ Birthdate _____

Employer _____ Occupation _____ Phone (____) _____ - _____

REQUIRED INFORMATION: Person to contact in case of emergency

NAME RELATIONSHIP HOME PHONE BUSINESS PHONE

*****WE MUST MAKE A COPY OF YOUR INSURANCE CARD (including your Prescription Drug Card if applicable) IF WE ARE FILING A CLAIM ON YOUR BEHALF*****

YOU ARE RESPONSIBLE FOR OBTAINING INSURANCE AUTHORIZATION IF REQUIRED BY YOUR INSURANCE PLAN

Financial/Insurance Information: Please read carefully

Medicare Patients: We are a participating Medicare provider. Participating providers agree to accept the amount allowed by Medicare, however, Medicare pays only 80% of the allowed amount after the \$135.00 calendar year Medicare deductible has been met. You are responsible for the deductible and the remaining 20%. If you do not have a supplemental insurance, we expect you to pay this amount at the time of checkout. Medicare will not pay for the refraction for eyeglasses and that amount will be collected at check out.

Commercial Insurance Patients: We have contracts with many insurance plans. While we are happy to provide this service, it is impossible for us to know the individual provisions of each patient's plan. It is your responsibility to know and understand your plan's provisions. Many insurance companies do not pay for routine exams or the refraction for eyeglasses. You will be expected to pay this amount at the time of checkout. If you do not have your insurance cards with you at the time of service, you will be expected to pay for the exam. If your insurance requires a referral/authorization number, you must call your primary care physician to obtain one prior to the visit. We will file a claim with your insurance company on your behalf, but you are responsible for the total bill in the event your insurance does not pay.

I have read and understand the above office policy. I authorize the release of any medical information necessary to process my claims. I hereby assign insurance benefits relating to the treatment I received from Knolle & Young Associates Westlake Eye Specialists.

Signature of Patient or Legal Guardian

Date