

Family Eye Care of Wooster
Patient Questionnaire

Today's Date _____

Mr. Mrs. Ms. Dr. _____ Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____ Work/Cell Phone _____ SSN _____

Email _____ Marital status: _____

Date of Last Eye Exam _____ Doctor _____

Date of Last Physical _____ Doctor _____

Current Occupation: _____ Employer _____

Hobbies: _____

Who may we thank for referring you to our office? _____

If you were not referred, how did you hear about our office? *Check all that apply*

- Yellow Pages Insurance List Daily Record
 Bargain Hunter Web Site Other _____

Check any of these things that apply to you:

- Work on a computer a lot Spend many hours a day outside Have times when you don't want to wear glasses
 Bothered by glare Have a pair of prescription sunglasses Interested in trying contact lenses
 Have trouble driving at night Need a pair of safety glasses Interested in refractive surgery (LASIK)

Insurance Information

** In order to process claims efficiently, **all** insurance information must be presented at time of service.*

Name of Vision Insurance _____

Name of Medical Insurance _____

Subscriber's Name _____

Subscriber's Name _____

Subscriber's Date of Birth _____

Subscriber's Date of Birth _____

Subscriber's SSN _____

Subscriber's SSN _____

Group/Policy Number _____

Group/Policy Number _____

Name of person responsible for today's payment: _____

I request that payment of authorized insurance benefits be made payable on my behalf to Family Eye Care of Wooster, LLC for any services rendered. In addition, I understand that I am responsible for any co-payments or deductibles required by my insurance as well as any remaining balance *not* paid by my insurance. Only the insurance companies named above will be billed for services and materials.

Signature _____ Date _____

HIPAA Privacy Acknowledgement of Receipt of Notice of Privacy Practices:

I, _____ [Please print full legal name], have been presented with the Notice of Privacy Policy (the "Policy") of Family Eye Care of Wooster, LLC, and have been offered a copy of such policy to keep for my records.

Signature _____ Date _____