Thank you for choosing

Last Name: First Name: MI:

Nick-Name: Date of Birth:

Address:

City, State Zip:

Phone: Cell #: Texting OK? [ ]Yes [ ]No

Email Address: ______________________@______________

Email and text are used for appointment reminders, order notifications and to send your records electronically.

Patient Employer *(or School)*:

Patient Occupation *(or grade if in School)*:

To help assure quality care for all, federal mandates have been issued requiring capture of information on race, ethnicity and language. You are not required to complete this section.

Race	Ethnicity
[ ] Alaska Native or American Indian	[ ] Native - Hawaiian/Pacific Islander
[ ] Asian	[ ] Hispanic or Latino
[ ] Black/African American	[ ] No Hispanic or Latino
[ ] Hispanic or Latino	
[ ] Native Hawaiian	**Preferred Language (Check One)**
[ ] Pacific Islander	[ ] English
[ ] White	[ ] Spanish

Vision Insurance only contributes to routine eye exams. If you would like us to keep your Medical/Health Insurance on file for other visits such as eye injuries or chronic eye conditions, we'll take a copy of your insurance card and submit the claim on your behalf when necessary.

If the card we have on file is outdated or you prefer to not provide it, you will be responsible for submitting your claim to your insurance company for reimbursement. Payment will be due to us on the day of service.

Please initial here if you do not want your **MEDICAL** card on file, or if you do not have it available. [ ]

By signing below you agree to our HIPAA policy and that you have provided us with the most current insurance and contact information. You also acknowledge that all copays and fees not covered by your insurance are your responsibility and are due in full on the date of service. You also consent to receive communications for protected healthcare and other services at the e-mail address and phone number(s) listed above, including wireless numbers. You understand that you may be charged for calls by your wireless carrier, and that calls may be generated by an automated dialing system.

Signature: ______________________________