

Welcome to **M.A. Shurtz O.D., & Associates, PLLC**. Thank you for choosing us for your eyecare needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to complete information on this form. If you have questions, please do not hesitate to ask.

Mr. Miss Mrs. Ms. Male Female

Patient's First Name MI Last Name Preferred Name

Street Address Apt. # City State Zip

Social Security Number Date of Birth Cell Phone Alternate Phone

Email Address Spouse or Parent(s) Name Responsible Party for Account

Patient Status Single Married Other **Preferred method of communication** Text Email Phone

Employed FT Student PT Student **General Practitioner?** _____

Authorized to receive Protected Health Information: Name _____ Relationship _____

Name _____ Relationship _____

How were you referred to our office?

Advertisement Online School Patient (Name) _____

Insurance Listing Drive by Other _____ Doctor (Name) _____

PRIMARY MEDICAL INSURANCE INFORMATION

Insurance Company Name and Address City State Zip

Primary Insured's First Name MI Last Name M F

Identification Number Group Number Insured's Date of Birth

Patient Relationship to Insured

Self Spouse Child Other

VISION OR SECONDARY INSURANCE INFORMATION

Insurance Company Name and Address City State Zip

Primary Insured's First Name MI Last Name M F

Identification Number Group Number Insured's Date of Birth

Patient Relationship to Primary: Self Spouse Child Other

Financial Agreement:

I understand the benefits quoted are not a guarantee of payment by my insurance company, the final determination can only be made when the claim is processed. I grant M.A. Shurtz O.D., & Associates, PLLC permission to bill my primary **and/or** vision insurance companies. Payment from my insurance(s) is to be paid directly to M.A. Shurtz O.D., & Associates, PLLC. I understand billing my secondary insurance is my responsibility. I am ultimately responsible for any bill incurred in this office regardless of insurance. Accounts 90 days old are subject to collection fees, including interest and service charges. There will be a service charge for all returned checks.

Signature

Date