205 S. Main St., Ste. D Longmont, CO 80501 FRONT RANGE EYE PHYSICIANS P: 303-772-3611 F: 303-772-3609

PATIENT INFORMATION

Patient Name: _____ Date:____/_____/_____

Address:_____ City:_____ State:_____ Zip:_____

Home #: (_____)_____ Cell #:(_____)_____ Work #:(_____)_____

Date of Birth:_____/_____/_____ Social Security #:_____-_____-_____

Marital Status: (circle one) Single Married Divorced Widowed Other_____ Gender: Female Male

How would you like to be contacted for appt reminders etc. (circle one)? Home # Cell #

Email Address: _____

Referred By:_____
Primary Care Physician: _____ Primary Phone #:(_____)_____

INSURANCE INFORMATION

Primary Insurance Company: _____Secondary Insurance Company: _____

Name of Insured (if different from above): _____

Address:_____ City:_____ State:_____ Zip:_____

Insured's DOB:_____/_____/_____ Insured's Social Security #:_____-_____-_____

Insured's Home#:(____)_____ Insured's Cell#(____)_____ Insured's Work#(____)_____

Please read and Initial each line:

____ I authorize Front Range Eye Physicians, PC to diagnose and treat my condition. I assign directly to Front Range Eye Physicians, PC all applicable medical benefits for services rendered.

____ I understand that I am ultimately financially responsible for all approved and covered charges whether or not they are paid by my insurance company. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service.

____ I acknowledge receipt of the Privacy Statement from Front Range Eye Physicians, PC.

____ I authorize Front Range Eye Physicians, PC to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting healthcare operations.

Patient Signature_____ Date:_____/_____/_____

Parent or Guardian Signature_____ Date:_____/_____/_____

OFFICE USE ONLY: Please Initial & Date _____Checked ID _____Checked Ins _____Scanned Ins Card Rev 8/18