

M.A. Shurtz O.D., & Associates, PLLC

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 and/or correct the 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

Street Address Apt. # City State Zip

Social Security Number Date of Birth (Area Code) Home Phone Work/Cell Phone

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

What is the main reason for today's exam? _____ When was last exam? _____

Who is your General Practitioner? _____

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

☐ M ☐ F

Primary Insured's First Name MI Last Name

Identification Number Group Number Insured's Date of Birth

Patient Relationship to Insured **Patient Status** ☐ Single ☐ Married ☐ Other

☐ Self ☐ Spouse ☐ Child ☐ Other ☐ FT Student ☐ PT Student ☐ Employed

VISION OR SECONDARY INSURANCE INFORMATION

Insurance Company Name and Address City State Zip

☐ M ☐ F

Primary Insured's First Name MI Last Name

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 charge. There will be a service charge for all returned checks.

Signature

Date