5280 Vision Care

Trisha C. Rogers, O.D.

Helen R. Wilson, O.D.

9220 Kimmer DR #140 Lone Tree, CO 80124

303-754-0122

PLEASE PRINT and COMPLETE ALL PARTS

PATIENT NAME: (this Section refers to PATIENT ONLY)

Name _____

Address _____City_____State_____Zip_____

Home Phone _____ Work Phone _____ Cell_____

Date of Birth _____ Age _____ Sex M F E-Mail_____

Marital Status Married Single Divorced Widowed (Please circle one)

Social Security # (if used for insurance identification) _____

Employer _____

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor. Insurance is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is the patient's responsibility to pay any deductible amounts, coinsurance, or any other balance not paid for by your insurance.

PLEASE READ AND SIGN THE FOLLOWING: I directly assign all medical benefits to 5280 Vision Care and understand that I am financially responsible for all charges, whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

SIGNATURE _____ DATE_____

INSURANCE (Please fill out below and we will copy any insurance cards and your driver's license)

Vision Insurance:_____

Primary Medical Insurance:_____

Secondary Medical Insurance:_____

Name and Date of Birth of Primary Insured:_____

SSN of Primary Insured if used as insurance ID:_____

NOTIFY IN EMERGENCY:

Name _____ Best Contact Number_____

I UNDERSTAND THAT MEDICARE, MEDICAID, AND MOST OTHER INSURANCE COMPANIES WILL NOT COVER THE COST OF AN EYE REFRACTION AND THAT THIS CHARGE WILL BE MY RESPONSIBILITY.

SIGNATURE_____Date: _____

NOTICE OF PRIVACY PRACTICES:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED A COPY OF DR HELEN R WILSON'S CURRENT NOTICE OF PRIVACY PRACTICES. (these can be viewed on our website or in the office)

SIGNATURE _____ Date: _____