

Welcome to VisualEyes Optometry

Please take a moment to complete the following information.

If you have any questions, please do not hesitate to ask.

Please print clearly.

Mr. Mrs. Miss Ms.

Male Female

First Name MI Last Name Preferred Name

Street Address City State Zip Code

Contact Phone #'s (List 2, if possible) / / Date of Birth Last 4 Numbers of SSN

Email address Occupation

If married, name of spouse If child, parent's name

Patient Status: Single Married Divorced Widowed

How were you referred to our office? Who is your Primary Care Physician?

Method of payment for today's services: Cash Debit Visa/Mastercard Insurance

Primary Vision Insurance Information

Please give your card to the receptionist.

Primary Member Name Birthdate Patient Relationship to Insured (Self, Spouse, Child, Other)

Primary Medical Insurance Information

Please give your card to the receptionist.

Primary Member Name Birthdate Patient Relationship to Insured (Self, Spouse, Child, Other)

Financial Disclosure:

In order to control the cost of billing, **your copays and/or balances are due at the time services are rendered.** All professional services and materials are the patient's responsibility. The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance. Payment from your insurance will be paid directly to Dr. Hanh Judy Nguyen or VisualEyes Optometry.

There are **no refunds for custom orders or shipping & handling fees.** Returnable items, such as unopened and unmarked contact lens boxes, will have a 20% restocking fee. Accounts 30 days old are subject to finance charge of \$5 per month (or the greater of 18% per annum). Cash or credit/debit are the only accepted forms of payment.

Signature of Responsible Party (Parent/Guardian if under 18 years of age) Date