

Last Name: _____ DOB: ____ / ____ / ____
 First Name: _____ M.I.: _____ Male _____ Female _____
 Title: _____ Suffix: _____ Social Security Number: _____
 Address: _____ Marital Status: _____
 City: _____ Employee Status: _____
 State: _____ Zip: _____ Employer: _____
 Home Phone: _____ Primary Insurance: _____
 Daytime / Work Phone: _____ ID Number: _____ Group: _____
 Cell Phone: _____ Subscriber: _____ DOB: _____
 Fax Number: _____ Email Address: _____

BY SIGNING BELOW:

1) INSURANCE, IF RELEVANT:

I request that payment of authorized insurance or Medicare benefits be made on my behalf to Erin M. Curtis, OD PC for any services provided. I authorize any holder of medical information about me to release said information for the purpose of processing claims and / or determining benefits for said services. In Medicare-assigned cases, Dr. Curtis agrees to accept Medicare-determined fees as full payment, and I will only be responsible for the allowed deductible, copayment, and / or non-covered services.

I understand that most insurance plans and Medicare **DO NOT COVER REFRACTION** (testing for best-corrected vision or prescribing glasses). Also, most insurance plans and Medicare do not cover routine (non-medical diagnosis) visits.

I understand that I am financially responsible for all services rendered if my insurance plan does not cover the services. The insurance company will not confirm whether or not the services are covered until after the explanation of benefits is processed. It may not be possible to tell if your services are covered, due to the fact that the insurance company is not clear on this matter.

This office may submit the insurance claim for you. This service and convenience provided by our office does not imply that this office accepts your insurance as payment in full. If you prefer, you may submit to the insurance company yourself.

2) PRIVACY PRACTICES:

I have been advised of Dr. Curtis' **Notice of Privacy Practices** and was offered a copy to keep and take with me.

Signature: _____ Date: _____

Please turn off all cell phones while you are here