PATIENT FORM

WOOD VISION SOURCE

Please complete and review the following **PATIENT** information:

☐Mr. ☐Mrs. ☐Miss ☐Ms.

FIRST NAME _____ MI _____ LAST NAME _____ DOB _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

SSN# _____ EMAIL ADDRESS _____

Primary Phone Number (Circle One): Cell / Home / Work

_____

Secondary Number (Circle One): Cell / Home / Work

_____

Please check boxes below in EACH category:

Race (Check One):		**Ethnicity (Check One) :**	**Language:**
□ African American	□ Asian	□ Hispanic/Latino	
□ American Indian	□ Hawaiian	□ Not Hispanic/Latino	----------
□ Arab	□ Hispanic/Latino		
□ Caucasian	□ Indian		
□ Multiracial			

(I) Insurance Policy:

In order to control the cost of billing, we ask that the patient's portion is paid at the time services are rendered, unless other arrangements are made in advance. All professional services and materials are charged to the patients. The undersigned will ultimately be responsible for any bill incurred in this office, regardless of insurance. Accounts 90 days are subject to collection fees. Payment from my insurance is to be paid directly to Wood Vision Source. (Please check **BOTH** boxes below):

☐ I understand that my primary will be billed first and secondary will be billed after.

☐ I understand that all benefits quoted to me are not a guarantee of payment by my insurance and that final determination can only be made when the claim is processed.

_____ _____

Signature **Date**

By signing above, I acknowledge that I understand section (I). I am aware that my insurance may or may NOT cover the charges of the office visit and/or contact lens fitting. I have addressed all my concerns to Wood Vision Source

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(II) Contact Lens Fitting FAQ's

Q: Do routine examinations include a contact lens fitting/prescription?

A: No. A routine examination provides the patient with a glasses prescription only. A separate contact lens fitting is required to determine the contact lens prescription.

Q: What is the difference between a contact lens fitting compared to a routine/glasses exam?

A: Based on several factors, the doctor will determine a diagnostic contact lens to dispense to the patient for a trial period, which includes the evaluation of comfort, fitting characteristics, and vision obtained with that particular contact lens. The doctor will also determine if the fit of the contact lens is appropriate with regard to the health of the eyes. If the fit, vision, and comfort of the lens is acceptable, a final prescription is then determined.

Q: Do I need to pay this fee each year?

A: Yes. Even if you continue to use the same contact lens, it is a medical prescription and cannot be refilled without a new comprehensive and evaluation every year. If you are a first time contact lens wearer, there will be a mandatory training fee applied, which includes the learning of proper care and application of contact lenses.

_____ _____

Signature **Date**

By signing above, I acknowledge that I understand section (II). If I chose not to do contact lens after the doctor has taken the extra procedure to evaluate me for a fitting, I am still responsible for the contact lens exam.

Acknowledgment of receipt of notice of privacy practices and bill of rights

I have read or had explained to me MJW Eyecare Associates, P.A, DBA Wood Vision Source's Notice of Privacy Practices and agree to continue my care with MJW Eyecare Associates, P.A, DBA Wood Vision Source.

I have read and understand this form. I am signing it voluntarily.

Printed Patient Name: _____

If patient is a minor, name of parent/guardian: _____

By **LAW**, we can only discuss your account, exam records, and any other personal information with persons you authorize. Please list **ALL PARTIES** whom you authorize Wood Vision Source to disclose your personal information.

Full Legal Name	Date of birth	Relationship to patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Signature of parent/guardian (if patient is under 18 years old) Date

_____ _____

Signature of patient (if 18 years of age or older) Date