

SUNNYVALE OPTOMETRY

Patient Name _____ M F
Date of Birth _____ S. S. Number _____
Address _____

Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Would you like to be notified by (circle preference) HOME PH WORK PH CELL PH TEXT EMAIL
Patient's Occupation _____ Employed by _____
Emergency Contact _____ Phone _____
Vision Insurance _____ Medical Insurance _____
Insured's Name _____ Insured's DOB/S.S.# _____
Patient's relation to insured: Self _____ Spouse _____ Child _____ Other _____
Referred by: _____
Person responsible for account: _____

I acknowledge that I have been informed by copy/website of Sunnyvale Optometry's Notice of Privacy Practices

Signed: _____ Date _____ Updated _____ Updated _____

FINANCIAL POLICY

We will attempt to verify your insurance plan eligibility for services and/or materials before your appointment. Verification of eligibility is done as a courtesy but is not a guarantee of payment. We will do our best to help decipher your insurance, but we are not representatives of your plan and cannot guarantee insurance reimbursement. Because insurance reimbursement can change at any time, we will provide you with our best estimate of their reimbursement based on the latest information we have available. Then, as a courtesy to you, we will bill your insurance. Since insurance companies cannot guarantee exactly how much they will reimburse us until they receive the claim, we will contact you regarding any adjustments and either request payment or issue a refund. Your insurance policy is defined by your insurance carrier. Plan coverage rarely means 100% reimbursement. Usually there are co-payments, eyeglass extras (for frames and lens options), contact lens services/material and special testing that can exceed the plan limits. Please check with your plan administrator or ask the doctor if you have any questions regarding your policy details.

Remember that our relationship is with you, not your insurance company. All charges/account balances are your (as guarantor of payment) responsibilities from the date the services are rendered, regardless of insurance status. Balances older than 90 days are subject to be sent to a collection agency. My signature below verifies that I understand and agree to the financial policy.

SIGNATURE OF PATIENT OR LEGAL GAURDIAN

DATE

OFFICE ADDRESS: 596 E El Camino Real, Suite 2, Sunnyvale, CA 94087 WEBSITE: www.sunnyvaleoptometry.net