

WELCOME TO OUR OFFICE

Dr. Barry Adler Dr. Daniel Stamps Dr. Hiten Prajapati

Today's Date _____ Social Security # _____
 Patient Name _____ Birthdate _____ Age _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ E-mail Address _____
 Emergency Contact/Phone _____
 Employer _____
 Whom may we thank for referring you to our office? _____

If not referred, how did you choose our office for you eye care needs?

Another Doctor: Name/Practice: _____
 Insurance _____
 Internet: Web site/Search Engine: _____
 Yellow Pages _____

INSURANCE/PAYMENT INFORMATION

The doctors and staff of Adler Eye Associates, O.D., P.A. are pleased that you have chosen us for your eye care needs. We wish for our patients to know that payment for professional services are the sole responsibility of the patient and are due the day services are provided. Payment for eyeglasses and contact lenses is due in full the day the materials are ordered. For your convenience we accept cash, checks, debit cards, American Express, Visa, MasterCard, and Discover.

We are providers for a wide array of insurance plans and will be happy to file the claims on your behalf for those plans. We will do all we can to help you receive maximum benefits. However, **INSURANCE INFORMATION MUST BE PRESENTED AT TIME OF SERVICE. OUR OFFICE CAN NOT ACCEPT RESPONSIBILITY OF FILING CLAIMS AFTER SERVICE IS COMPLETED.** For patients with insurance plans for which we are not providers, we ask that you make payment in full when services are rendered. An itemized statement of your charges will be provided for you to file your claim.

In the event that the Plan Sponsor determines that you are not eligible at the time of service, or makes a determination that you are eligible for a reduced level of coverage, by signing this statement, you do hereby agree to be financially responsible for any and all of the charges incurred by you and not paid by the Plan Sponsor. Please keep in mind, **VERIFICATION OF INSURANCE DOES NOT GAURANTEE PAYMENT OF BENEFITS!**

I have read and understand the payment policy of Adler Eye Associates, O.D., P.A.

 Patient Signature Date

Vision Plan _____ Insured Name _____

Subscriber ID# _____ Do you have Medicare? _____ Medigap? _____

How will your account be settled today? Cash Check MasterCard/Visa/AMEX/Discover

LIFESTYLE QUESTIONS

Do you . . . (Check all that apply)

- Work at a computer?
- Have an interest in purchasing new eyeglasses?
- Think you would benefit from thinner, lighter lenses?
- Spend time outdoors?
- Have prescription sunglasses?
- Currently or previously worn contact lenses?
- Have an interest in bifocal contact lenses?
- Have an interest in colored contact lenses?
- Want information about refractive surgery?
- Have family members in need of eye care?