PARKHURST NUVISION
ADVANCED VISION CORRECTION

CONFIDENTIAL GUEST INFORMATION

Appointment Date: _____/_____/_____

PLEASE PRINT

Dr. Mr. Mrs. Ms. _____ ☐ Male ☐ Female

Address: _____ City/State: _____ Zip: _____

Hm Ph: _____ Cell Ph: _____ D.O.B.: _____/_____/_____

SS#: _____-_____-_____ Email: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other:

Referred by: ☐ Optometrist: _____ ☐ Friend/Family: _____
☐ Online ☐ Insurance ☐ Advertisement ☐ Family ☐ Drive By

If patient is a child or adolescent, please provide the following information:

Parent/Legal Guardian: _____ Relationship: _____
Cell Phone: _____ Wk Phone: _____

Parkhurst NuVision may discuss my health information, in person or by telephone, with the following family members or friends directly involved in my medical care.

Name: _____Phone: _____Relationship: _____

Name: _____Phone: _____Relationship: _____

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AUTHORIZATION TO RELEASE HEALTH INFORMATION & ASSIGN BENEFITS

I _____, authorize the release of all necessary Protected Health Information & assign all medical & vision benefits to Dr. Gregory Parkhurst. I also request that payment of authorized Medicare (if applicable) benefits be made on my behalf to Dr. Gregory Parkhurst for any services furnished to me by Dr. Gregory Parkhurst. I authorize any holder of medical information related to me to release to the Centers for Medicare & Medicaid Services (CMS) & its agents, any information needed to determine these benefits or the benefits payable to related services. I understand that my signature requests that payment be made & authorizes release of medical information necessary to pay the claim. If item 12 of the CMS 1500 claim form is completed, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the supplier agrees to accept the charge determination of the Medicare carrier as the full charge, & the patient is responsible only for the deductible, copay, & non-covered services. Copay & deductible are based upon the charge determination of the Medicare carrier. I understand that I am ultimately responsible for any bill incurred in this office. Should this account become delinquent, I will be responsible for any & all legal fees, court costs, & collection charges. There will be a service charge for each returned check. This authorization & assignment will remain in effect until revoked by me in writing. A photocopy of this authorization & assignment is to be considered as valid as the original. I request that you file my insurance & I have agreed to & completed all of the conditions listed above. I accept financial responsibility for all charges. I have read & understood this information & I am signing voluntarily. I understand a copy of my medical record summary is available to me for pickup within 48 hours of my visit.

FINANCIAL & INSURANCE FILING POLICY

- *All charges are your responsibility, whether or not your insurance company pays. Not all services are covered in all contracts. Some insurance companies arbitrarily select certain services they will not cover. We cannot become involved in disputes between you and your insurer regarding covered charges, deductible, or copay.*
- *Payment for copay and/or deductible is due at the time services are rendered.*

_____ _____

Patient or Legal Guardian's Signature Date

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The law requires that Parkhurst NuVision make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- □ I have read or had explained to me Parkhurst NuVision's Notice of Privacy Practice and agree to continue my care with Parkhurst NuVision under said terms.

- □ I have read or had explained to me Parkhurst NuVision's Notice of Privacy Practice and do not wish to continue my care with Parkhurst NuVision under said terms.

_____ _____

Patient Date

If you are signing as a personal representative of the patient, please indicate your relationship

_____ _____

Representative Relationship to Patient

For Office Use Only
Demographics Confirmed and Scanned by: