



the eye clinic

surgicenter | 2475 Village Lane. Billings, MT. 59102 T: (406) 252.6608 F: (406)252.6600

Patient's Name (last) (first) (middle initial) Maiden Name:

Address City State Zip

Phone: Home ( ) Cell ( )

Date of Birth Age Sex: [ ] F [ ] M Marital Status: [ ] S [ ] M [ ] W [ ] D

S.S.# E-mail Address

Employment status: [ ] Full Time [ ] Part Time [ ] Retired or [ ] Student

Employer Name: Phone:( )

Address City State Zip

[ ] Spouse [ ] Parent [ ] Guardian [ ] POA (bring documentation) Name

S.S.# E-mail Address

Address City State Zip

Phone: Home ( ) Cell ( )

[ ] Parent #2 [ ] Guardian #2 [ ] POA #2 (bring documentation) Name

S.S.# E-mail Address

Address City State Zip

Phone: Home ( ) Cell ( )

Whom May We Contact in Event of Emergency?

Name Relationship

Phone ( )

Address

How did you hear about us? [ ] Friend [ ] Doctor [ ] Insurance [ ] Paper

[ ] Radio [ ] Facebook [ ] Internet [ ] Yellowpages [ ] Billboard

Name of doctor who did your last eye exam: When

Referred here by Dr

Primary Care Physician: Phone #

Assignment and release Authorization: This is to certify that I, the undersigned, hereby consent to and authorize the administration and performance of all clinical treatments which in the judgment of my physician, may be considered necessary for care. I authorize The Eye Clinic Surgicenter to settle my insurance claim with the provided insurance company on my behalf. Authorization by all payors to pay all physician benefits directly to The Eye Clinic Surgicenter is hereby granted. I understand that regardless of insurance coverage, I am financially responsible to The Eye Clinic Surgicenter for all charges. I will be assessed a monthly finance fee of 1.5% for any unpaid patient balances. If my account is turned to a third party for collections my account will be assessed a 35% Collection fee.

Important note: Refractions are seldom covered by insurance companies. Any patient balance will be collected at the time of service.

Signature of Patient or Personal Representative

Date

OVER ->