eye associates
SEETHECLARITY.COM

Overland Park **Leawood** **South Overland Park**
Olathe **Prairie Village** **North Overland Park**
Shawnee **South Olathe**

Personal Information

Name_____ Date_____

Address_____ City/State/Zip_____

Phone: Cell_____ Home_____ Work_____

Date Of Birth_____ Age_____ Occupation _____ Gender M / F

SS#_____ Email_____

Responsible Party / Primary Insurance Holder (if other than above)

Name_____ SS#_____

Address_____ City/State/Zip_____

Phone: Cell_____ Home_____ Work_____

Date Of Birth_____ Age_____ Occupation _____ Gender M / F

Medical and Vision History

Medication _____ For what purpose? _____
(If list available, give to office to copy)_____ _____
_____ _____

Chronic Health _____

Ocular Conditions _____

Drug Allergies _____

Health	Self	Family	Health	Self	Family	Health	Self	Family	Health	Self	Family
Allergies	Y / N	Y/ N	Detached Retina	Y / N	Y/ N	High Cholesterol	Y / N	Y/ N	Neurological	Y / N	Y/ N
Blindness	Y / N	Y/ N	Diabetes: I or II	Y / N	Y/ N	Hypertension	Y / N	Y/ N	Respiratory	Y / N	Y/ N
Cancer	Y / N	Y/ N	Glaucoma	Y / N	Y/ N	Macular Degeneration	Y / N	Y/ N	Thyroid	Y / N	Y/ N
Cataracts	Y / N	Y/N	Heart Disease	Y / N	Y/ N	Migraines	Y / N	Y/ N			

Thank you for trusting Eye Associates for your eyeglass adjustments or repairs. We take every precaution to ensure the safety of your frame and lenses. However, we are not responsible for any damage that may happen to a patient's own frame or lenses. Frames and lenses are plastic and metal material and can breakdown over time, therefore the damage can sometimes be unforeseeable.

Due to the nature of prescription lenses, refunds may only be issued if the job is canceled before the production process has started. All prescription eyeglass orders are processed and ordered by our lab at the end of the business day, and once placed with our outside labs they are typically "in fabrication" the next day. Requests for refunds beyond this point will be issued only as an in-office credit at the discretion of our lab manager. No refunds or in-office credits may be issued if more than 60 days has passed since the purchase date. In the event of a restyle, a lens regrinding/frame restocking fee of 20% of the total retail cost of the frame and lenses being returned will be applied towards the restyle. In addition, you will be responsible for any overage on the new frame.

Patient Financial Consent and Acknowledgement of Receipt of Privacy Practices

(Failure to give consent prevents our offices from participating with most insurance plans.)

Patient Name_____ Date of Birth_____

I give Eye Associates consent to release pertinent medical records to my insurance company for treatment, payment, and health care operations including and not limited to provider functions and the quality assessments. I understand that my medical records are confidential. I also understand that I may revoke the written consent by written request at any time. If revoked, it is understood by all parties that all information released prior to being notified of such revocation was made by my consent.

I have read the statement above and in signing this document give my consent to release my medical records and information. I do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this consent. It is customary to pay the office services at the time of each visit, unless previous arrangements have been made. If we are accepting insurance it will be necessary for you to pay your portion of the services and material fees at the time of your initial visit. Your insurance company does not guarantee benefits. Payment is only determined at the time of claim's processing. In the event that your insurance company denies the claim, you will be responsible for the balance of the charges.

Please note that there is a $20 service charge on all returned checks.

I (have received/ or do not want) a copy of Eye Associates' Notice of Privacy Practices with an effective date of April 8, 2013.

Name_____ Signature_____ Date_____

Name of Witness (Eye Associates' Employee)_____ Date_____