

WELCOME TO OUR OFFICE

Welcome To Bodenhamer Eye Consultants. Thank you for choosing us for your eye care needs. We are delighted to have you as a patient and appreciate the confidence you have placed in us. Please take a moment to complete the following information. Any information we already have on file will appear on this form. Please review all completed areas to ensure the information we have is current and accurate. If you have any questions, please do not hesitate to ask.

Circle One: Mr. Miss Mrs. Ms.

First Name _____ MI _____ Last Name _____

Preferred Name _____ Circle One: Male Female

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____

Date of Birth _____

Home Phone (Include Area Code) _____

Cell Phone _____

Work Phone _____

Guardian _____

Guardian SSN _____

Guardian DOB _____

Emergency Contact _____

Emergency Phone _____

Person Responsible for Account _____

Current Occupation _____ Years _____

Employer _____

We are very happy you have chosen us to care for the health of your eyes. If you have Vision Service Plan (VSP) or Vision Care Direct (VCD), please inform us before you see the doctor. If you have a supplemental insurance, Medicare will submit to your secondary insurance. We do not submit to any secondaries through this office. If you have a commercial primary insurance and a secondary, you are responsible for sending a claim to your secondary insurance company; we will send a claim to your primary carrier. You are responsible for providing us with the necessary cards/identification numbers at the time of service. We will not back-bill appointments after the date of service. You have the right to ask us not to bill your insurance. Co-pays/co-insurance and deductibles are due at the time of service.

All insurance carriers must be pre-approved through our office.

We are in-network with the following medical plans:

- Healthlink
(examples: FMH, Healthscope, GEHA)
- Anthem BCBS
- Coventry
- Aetna
- Cigna
- Humana
- UHC (United Healthcare)
- UMR (United Medical Resources)
- Medicare and Medicare RR
- Tricare

We DO NOT accept Medicaid/MO HealthNet.

We are in-network with the following vision plans:

- VSP (Vision Service Plan)
- VDC (Vision Care Direct)

We will file your claims as an out-of-network provider, but it is your responsibility to know what your plan pays if you go out-of-network, if your plan will reimburse you for services, and what may be applied to your deductible.

If you do not pay your patient portion within **90 days of receipt of your first statement**, we will add a **late fee of 3%**. If you still do not pay your patient portion and we have to send the balance to collections, we will **add a 20% fee plus any costs** incurred with trying to collect the debt.

A copy of the patient privacy notice is available to you at any time.

By signing below, you acknowledge your receipt of this notice.

Patient Signature: _____

Date: _____