

## Welcome To Our Office

Welcome to Ann C Waterman, Doctor of Optometry, PC. Thank you for choosing us for your eyecare needs. We are delighted to have you as a patient and appreciate the confidence you placed in us. Please take a moment to review/complete the following information.

☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.

☐ Male ☐ Female

Legal First Name

MI

Last Name

Suffix

Preferred Name

Street Address

City

State Zip

Date of Birth

**Patient Status:**

- ☐ Single  
☐ Married  
☐ Other

**How Do You Want To Be Contacted?**

**Phone**

(land Line):

Home Phone

Work Phone

Cell Phone :

We Can Text To Your Private Cell Phone

E-mail

:

We can Email your Private Email Address

Emergency Contact: (LName, FName)

Emergency Contact Phone

Person Responsible for Account

Race: ☐ American Indian Or Alaska Native ☐ Black Or African American ☐ Native Hawaiian Or Other Pacific Islander ☐ Declined  
☐ Asian ☐ Hispanic Or Latino ☐ White

Ethnicity: ☐ Hispanic Or Latino ☐ Not Hispanic Or Latino ☐ Declined

Preferred Language: ☐ English Specify: \_\_\_\_\_

Weight

lbs

Height

ft  in

### INSURANCE INFORMATION :

Name of Insurance Company Insured's First Name MI Insured's Last Name Insured's Identification Number

Name of Insurance Company Insured's First Name MI Insured's Last Name Insured's Identification Number

Name of Insurance Company Insured's First Name MI Insured's Last Name Insured's Identification Number

HOW DID YOU HEAR ABOUT OUR OFFICE: \_\_\_Yellow Pages \_\_\_Online \_\_\_Insurance List

\_\_\_Friend &/or Family Member (please list)\_\_\_\_\_

### PLEASE READ & SIGN:

The patient's portion is due at the time services are rendered unless other arrangements are made in advance. All professional services and materials are charged to the patient. The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance. Accounts 90 days old are subject to collection fees. There will be a service charge on all returned checks.

Payment from my insurance is to be paid directly to Ann C Waterman & Melanie L Linderer Doctors of Optometry PC. I understand that the above primary insurance will be billed on my behalf. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed.

Who are we allowed to communicate with concerning your ongoing treatment?

(1)

(2)

Please Specify Name, Relationship & Date of Birth:

Please Specify Name, Relationship & Date of Birth:

Signature

Date