

WELCOME!
Helen R Wilson OD
9220 Kimmer DR #140, Lone Tree, CO 80124
303-754-0122

PLEASE PRINT and COMPLETE ALL PARTS

PATIENT NAME: (this Section refers to PATIENT ONLY)

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Date of Birth _____ Age _____ Sex M F E-Mail _____

Marital Status Married Single Divorced Widowed (Please circle one)

Social Security # (if used for insurance identification) _____

Employer _____

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor. Insurance is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is the patient's responsibility to pay any deductible amounts, co-insurance, or any other balance not paid for by your insurance.

PLEASE READ AND SIGN THE FOLLOWING:

I directly assign all medical benefits to Helen R. Wilson, OD, and understand that I am financially responsible for all charges, whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

SIGNATURE _____ **DATE** _____

INSURANCE (Please fill out below and we will copy any insurance cards and your driver's license)

Vision Insurance: _____

Primary Medical Insurance: _____

Secondary Medical Insurance: _____

Name and Date of Birth of Primary Insured: _____

SSN of Primary Insured if used as insurance ID: _____

NOTIFY IN EMERGENCY:

Name _____ Best Contact Number _____

I UNDERSTAND THAT MEDICARE, MEDICAID, AND MOST OTHER INSURANCE COMPANIES WILL NOT COVER THE COST OF AN EYE REFRACTION AND THAT THIS CHARGE WILL BE MY RESPONSIBILITY.

SIGNATURE _____ **Date:** _____

NOTICE OF PRIVACY PRACTICES:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED A COPY OF DR HELEN R WILSON'S CURRENT NOTICE OF PRIVACY PRACTICES. (these can be viewed on our website or in the office)

SIGNATURE _____ **Date:** _____