

Arbor Eyecare



North Bend | Snoqualmie | Sammamish

Patient Information

Legal Name _____ Sex: Male Female
Last First Middle

Chosen Name _____ Preferred Pronoun _____

Mailing Address: _____
Street City Zip

Date of Birth _____ Social Security Number _____ Home Phone _____ Cell Phone _____
/ / - -

Email Address: _____ Employer: _____

Consent to disclose information to: _____ Occupation: _____

In order to comply with medical insurance, vision plans and the HiTech Act enacted by the Federal Government, we need the following information for your medical record. Please select one or more options from the following:

Race:

- African American Caucasian Other
 American Indian Hawaiian/ Islander Decline to specify
 Asian Hispanic

Ethnicity:

- Hispanic/ Latino Not Hispanic/ Latino

Communication preference:

- E-mail Text Phone

Insurance Information: *Please give your insurance card(s) to the front desk!*

Subscriber's Name _____ Date of Birth _____ Social Security # _____
/ / - -

Subscribers Address (if different that patients) _____

Subscriber's Phone# _____ Subscriber's Employer _____ Relationship to Patient _____
() - Self Spouse Partner Child Parent/Guardian

In Case of Emergency:

Name of Friend or Relative _____ Relationship to Patient _____ Phone Number _____

HIPAA Notice of Privacy Practice Acknowledgement

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to Arbor Eyecare. I understand that I am financially responsible for any balance or co-payment. I authorize Arbor Eyecare or my insurance company to release any information required to process my claims. We maintain permanent service records of your health care. You may also ask to see and copy your records. We Will not disclose your records ot others unless you direct us to do so, or as outlined in our Notice of Privacy Practices, which describes in detail how your health information may be disclosed. I have read the Notice of Privacy Practices and agree to them:

X _____
Patient/ Guardian Signature

X _____
Please Print Name

_____/_____/_____
Date