

**All Things Eyes**

Dr. Allen Wong, O.D. | 7060 S. Durango Dr. Suite #112, Las Vegas, NV 89113

P: (702) 362-2020 | F: (702) 362-0320 | E: AllThingsEyes@gmail.com

# Patient Information Form

Name (Last, First):		Preferred Name:	DOB:
Address:		APT/Unit#	City, State, Zip:
Marital Status:	SSN:		Gender:
Employer:		Occupation:	
Contact Phone #:		E-Mail:	
If mobile # is provided, may we text you?			
Are you a new or existing patient?		How did you hear about our office?	

**HIPAA Privacy Policy/Office and Financial Policies**

By signing below, I acknowledge that I reviewed and was offered a copy of the All Things Eyes, Notice of Privacy Practices and Office and Financial Policies. I also understand that I have the right to receive a copy upon request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance/Signature on File**

1. I understand that I am responsible for my bill, overage, and remaining balance after insurance companies have been billed.
2. I authorize the release and use of my information to all of my insurance companies and submissions.
3. I authorize All Things Eyes to act as my agent in helping me obtain payment from my insurance company.
4. I authorize the payment directly to my doctor and the practice.
5. I permit a copy of this authorization to be used in place of the original.
6. I authorize this signature on file to be used if I choose to pay for materials or services by credit card over the phone.

**Print Name + Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian signature, if under 18 years old)

We use the most advanced retinal imager: the Optomap. It enhances our ability to detect and monitor various eye health issues that may lead to blindness. **Your insurance may or may not cover this with a co-pay. Please select an option to confirm you understand and have reviewed the benefits of this imaging procedure with our staff.**

- Yes, I would like this imaging procedure
- I would like to discuss this with the doctor