



Welcome to EyeGen Vision Center
16845 Algonquin Street., Huntington Beach, CA 92649

How did you hear about EyeGen Vision Center?

SECTION 1 Patient Information

Title Dr. Mr. Mrs.
 Last First Middle Initial (Circle) Miss. Other _____

SSN # Date of Birth Gender (Male/Female)

Home Address City State Zip Code

Home Number Cell Number Alternate Number

E-Mail (Your E-mail is kept confidential.)

SECTION 2 Responsible Party/Parent/Guarantor (for patients less than 18 years old)

Relationship to Patient: Self (Skip this section) Spouse Parent Other: _____

Last First Middle Initial

SSN# Date of Birth Gender (Male/Female)

Home Address (leave blank if same as patient) City State Zip Code

SECTION 3 Insurance Information (If Applicable) Present your insurance card(s) to the receptionist

Relationship to Patient: Self (Skip this section) Spouse Parent Other: _____

Last First Middle Initial

SSN# Date of Birth Gender (Male/Female)

Name of Insurance (Ex: VSP, March Vision, Eyemed, Medicare, or other) Member ID #

SECTION 4 Emergency Contact Information

Last First Phone Number Relationship to Patient

Privacy Rights Acknowledgement

I have read the Privacy Notice and understand my rights contained therein. By way of signature, I acknowledge that EyeGen Vision Center has provided me with a policy regarding the use and disclosure of my protected health care information for the purpose of treatment, payment and health care operations as described in the privacy Notice. A copy shall be as valid as the original.

Signature Date

Financial Policy Acknowledgement

I understand that I am financially responsible for charges when services are rendered. If my insurance is billed I am responsible for services, material, or deductibles not covered. I authorize EyeGen Vision Center to release medical information necessary to my insurance company to process claims submitted on my behalf. I understand that if I fail to make the payments as detailed below, my account will be turned over to the collection agency, in which case I will be obligated to pay the costs of collection, court, and legal fees in addition to EyeGen Vision Center. I further understand that any dispute or controversy which may arise between myself and/or my dependent and EyeGen Vision Center or its doctors relating to services provided or activities at 16845 Algonquin St. Huntington Beach, CA 92649, must be submitted to arbitration in lieu of a jury or court trial.

Signature Date

(Turn Over)