

**WELCOME TO THE OFFICE**

Side 1 of 2

Patient's Legal Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Gender \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

If 18 or under, Father: \_\_\_\_\_ Mother: \_\_\_\_\_ I live with: Father Mother Both

Marital Status *single married divorced legally separated widowed*

Language / Race / Ethnicity \_\_\_\_\_

Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

E-Mail \_\_\_\_\_

Preferred Contact Method *cell phone email text other (please specify)*

\_\_\_ Yes! Send me a text message. \_\_\_ No thanks. \_\_\_ Yes! Send me an Email. \_\_\_ No thanks.

**Initials:** \_\_\_\_\_ - I agree to allow SolutionReach (our online system) to use this information in providing my services.

Occupation/Employer \_\_\_\_\_ *Part Time/Full Time*

Person to contact in Case of Emergency? \_\_\_\_\_

Whom may we thank for referring you? (Name) \_\_\_\_\_

Do you have **medical health insurance**? Yes No

Please check primary insurance plan and list ID # \_\_\_\_\_

Group # \_\_\_\_\_

If not listed, please list provider name \_\_\_\_\_

- Aetna       BCBS       Cigna       Health Partners       Medica       Medicare  
 Preferred One       UCare       United       MN Health Care Program       Other

Do you have a secondary insurance plan? Please list name of insurance plan provider, ID, and group #:

Name of provider: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Do you have a **Vision Discount Plan**? Yes No EyeMed VCP VSP

Please list any primary member information or ID number \_\_\_\_\_

**Please Note:** Insurance may cover only part of your charges. If we do not receive direct payment from your insurance plan, you will need to pay our office and submit your receipt for reimbursement from your insurance company. If your insurance does not pay as expected, you are ultimately responsible for all charges. It is your responsibility to verify and know your plan coverage. We cannot be responsible to know if you are eligible for benefits.

We may ask you for your medical ID card to bill your medical insurance, in addition to your vision discount plan. The care provided by your eye doctor leads to continued quality vision, and can help identify health conditions that are often first detected through an eye exam.