

Gilman & Vorster Optometry Patient Information Update Form

Dear Patient:

Please take a moment to complete this form so we can make sure our records are current and accurate.

After you have finished completing this form, please bring it up to the front desk along with your current insurance card.

Name: _____
Last Name First Middle Initial

Address _____ City _____ State _____ Zip _____

Date of Birth: _____ SSN: XXX-XXX-____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name of Person to contact in case of emergency:

Last Name First Relationship

Phone # of above: _____

If your insurance is provided through someone other than yourself, please complete:

Name of Insured: _____
Last Name First Middle Initial

Date of Birth: _____ Relationship: _____

Children covered through this plan:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. Furthermore, I understand that the doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. If payment is not received in 30 days after being billed by this office, a \$3.00 re-billing fee is added every 30 days.

My signature below also acknowledges that I was given the opportunity to receive the Privacy Policy Practices of Gilman & Vorster Optometry, Inc. In addition, my signature below also authorizes Gilman & Vorster Optometry, Inc. to release my private health information to other Doctors, schools, etc. per my verbal request.

All patients must sign and date:

Signature of Patient

Date

Please obtain a new copy of the Insurance card, Front and Back