



Patient

Last Name First Name Middle Initial Suffix (Jr, Sr, etc)

Nickname Marital Status Social Security Number Date of Birth

Birth Sex Home Phone Work Phone Mobile Phone

Preferred Phone Email Do you wish to receive text reminders?

Street Address Street Address 2 (Apt or Suite)

City, State, Zip Code

Primary Care Physician Physician's Phone

Preferred Pharmacy Pharmacy's City Pharmacy's Street or Intersection

Parent or Guardian

Last Name First Name Middle Initial Suffix (Jr, Sr, etc)

Relationship Date of Birth Social Security Number

Street Address if Different Street Address 2 (Apt or Suite)

City, State, Zip if Different

Home Phone Work Phone Mobile Phone

Email



James Safar, M.D.

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Fax: 855-772-9855

Credit Card On File Consent

The current healthcare market has resulted in insurance policies increasingly transferring costs to you, the insured. Some insurance plans require deductibles and copayments in amounts not known to you or us at the time of your visit.

We are asking you for a credit card information which we will hold securely until your insurances have paid their portion and notified us of the amount of your share. This amount may include deductible, co-insurance, co-pay, and non-covered charges.

We will notify you of any charges made to your card by email and/or phone.

Check here if you do NOT agree to allow us to keep your credit card on file and only sign below. You may be charged for your visit at checkout. Any credit balance after the insurance has paid us will be kept for future visits or refunded upon request in person. *A statement fees (\$2 per statement) will be applied to balances.*

Check here if you AGREE to allow us to charge your credit card today and in the future and fill out the information below.

Credit Card Information

Name on Card:

Credit Card Number:

Expiration (mm/yy):

Security Code:

Billing Zip Code:

This card will be authorized for patient(s):

Name:

DOB:

Name:

DOB:

Name:

DOB:

Signature:

Date:



Protected Health Information

The Department of Health and Human Services has established a "Privacy Rule" concerning how protected health information (PHI) is used and shared to carry out treatment, payment, or health care operations. PHI is any of your written and/or oral health information, including demographic data that can be used to identify you.

As our patient, we want you to know that we respect the privacy of your PHI and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we will provide only the minimum necessary information to those we feel need your health information in order to provide you with the best possible care.

We will support your full access to your PHI. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose your health information for purposes of treatment, payment, or health care.

You may refuse to consent to the use or disclosure of your PHI, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document you may still, at some future time, request to refuse release of all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

You have the right to review our privacy notice, to request restrictions, and revoke consent in writing after you have reviewed our privacy notice.

Notice of Financial Responsibility

Prime Eye Care, P.A. accepts most major insurance plans. However, your insurance carrier may not pay for all services rendered by Prime Eye Care Physicians. This may occur for the following reasons:

1. You do not have a referral or your referral has expired from your Primary Care Physician (PCP). If your insurance carrier requires a referral, please ask the front desk receptionist now if the referral was received and is still current.
2. Prime Eye Care does not participate in vision plan services. These plans are structured for Optometric exams, not the medical eye exams provided by the Physicians of Prime Eye Care, P.A.
3. Your insurance carrier does not authorize the medical service you are requesting. Some insurance carriers consider routine normal eye exams and refractions to be non-covered services.

Patient Agreement

I have read and understand that the eye services rendered by Prime Eye Care, P.A. Physicians may be denied for payment by my insurance carrier for the reason(s) listed above. If my insurance carrier denies payment, I agree to be personally and fully responsible for payment. If I believe my insurance carrier will not pay for a rendered service and I have made a payment to Prime Eye Care, P.A, and upon filing a payment is made by the insurance carrier, I understand that Prime Eye Care, P.A. will reimburse me for the amount covered by my insurance carrier.