North Valley Eye
Medical Group, Inc.

NEW PATIENT INFORMATION SHEET
PLEASE PRINT

Patient's Name _____ **Birth Date** _____ **Age** _____

□Married □Single □Widowed □Divorced □Separated □Male □Female

Address _____ **City** _____

State _____ **Zip Code** _____ **Tel. ( )** _____

Social Security # _____-_____-_____**DOB**_____/_____/_____

Alternate Phone Number and/or Cell Number ( ) _____

Email _____ Pharmacy _____( )_____

Employed by _____ Phone ( ) _____

Business Address _____ Occupation _____

Responsible Party (If Minor) _____ Phone ( )_____

Employed By _____Phone ( )_____

Business Address _____Occupation _____

Social Security # _____-_____-_____ DOB _____/_____/_____

Emergency Contact: _____

Patient Referred By _____

Do you have Medical or Vision Insurance? □No □Yes: □Medical □Vision_____

Member's Name (If other than patient): _____

Relationship: _____ □Male □Female

Member's Social Security # ___-____-_____-_____ DOB _____/_____/_____

Name of Insurance(s) _____

Was your condition caused by work or accident? □Yes □No

I request that payment for authorized medical benefits be made on my behalf to any doctor of North Valley Eye Medical Group, Inc. for services rendered by that physician or supplier.
I authorize the release of any medical information necessary to process these claims to the insurance carrier(s) listed above or its agents.

_____ _____

Date **Patient's or Responsible Party Signature**

PAYMENTS ON ACCOUNTS: The office bill is due and payable at the time it is presented. An agreement covering payment of the bill may be made with the Office Manager. I understand that I am directly and fully responsible to North Valley Eye Medical Group, Inc. for all medical bills rendered. In the event that a service is not covered by my insurance and/or only partially covered by my insurance, I realize that I am financially responsible for the balance due. In the event that litigation is necessary to collect fees for services rendered, I am responsible for payment of all attorney, court costs, and any other costs incurred to collect payment due.