

Welcome to Dr. Doyle D. Holle's Total Eyecare Center, PC

4015 S. McClintock Drive suite 107 Tempe, AZ 85282 480-345-0090

****PLEASE HAVE YOUR MEDICARE AND INSURANCE CARDS READY FOR US TO PHOTOCOPY****

Date: _____ Email: _____

Patient: _____

first middle initial last

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: H _____ W _____ C _____

Student: _____ Marital Status: _____

Birth date: _____

Sex: _____

Social Security No. _____

Occupation: _____

Employer: _____

RESPONSIBLE PARTY INFORMATION

Name: _____

first middle initial last

Str. Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Birth date: _____ Sex: _____

S.S. #: _____

Employer: _____

Relationship to patient: _____

Who referred you to our office? _____

PLEASE SELECT THE VISION BENEFIT PLAN THAT YOU HAVE

Cardholder's Name: _____ Cardholder's SS#: _____

first middle initial last

PLEASE SELECT THE MEDICAL INSURANCE THAT YOU HAVE

Cardholder's Name: _____ Cardholder's SS#: _____

first middle initial last

FINANCIAL AGREEMENT

ACKNOWLEDGE FULL RESPONSIBILITY FOR ALL CHARGES INCURRED EVEN IF MY INSURANCE LATER DETERMINES MY SERVICES TO BE NON-COVERED OR NOT A BENEFIT. THIS MAY INCLUDE ANY ADDITIONAL CHARGES INCURRED IN THE COLLECTION OF THIS ACCOUNT. THE FINANCIAL POLICY OF THIS PRACTICE HAS BEEN FULLY EXPLAINED TO ME.

Patient Signature: _____

RELEASE OF INFORMATION

I understand that HIPAA has implemented procedures that require specific authorization for release of my information. I agree to the following statements and understand that I can revoke these at any time, by informing the Privacy Officer in writing.

Home or cellular telephone numbers: We may leave a message with a call back number or a reminder of your appointment on your voicemail.

Work telephone numbers: We may leave a message with a call back number or a reminder of you appointment on voicemail.

Written communication: We may mail postcards to your home address or send you an email.

Patient Signature: _____ Date: _____