

Quakertown Eye Associates, P.C.

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NEW PATIENT PACKET

Welcome! Enclosed is the paperwork needed to be seen as a patient and/or to purchase materials through Quakertown Eye Associates, P.C. This paperwork must be filled out and signed completely, accurately, legibly, and by the correct person(s). Please read the following tips and instructions to be sure all paperwork is filled out correctly.

Please note: If you arrive to your appointment without correctly filled out paperwork, and the appropriate person(s) to fill out the paperwork is not present, YOUR APPOINTMENT WILL BE RESCHEDULED TO A LATER DATE.

1. PATIENT INFORMATION: This page can be filled out by anyone who has all of the correct information about the patient. This form must be filled out completely, accurately and legibly so that we can enter your information into our computer system. We are not responsible for missing and/or incorrect information and any problems that missing/inaccurate information may cause (i.e. incorrect phone numbers, addresses, insurance information).

2. HIPPA: This form MUST be signed by the PATIENT or the patient's parent/guardian.

3. SIGNATURE ON FILE: This form MUST be signed by the PATIENT or the patient's parent/guardian. If a parent/guardian fills out this form, they are agreeing to be the FINANCIALLY RESPONSIBLE PERSON for the patient. This form lets us know who is responsible for the financial obligations of the visit and/or materials purchased.

- a. An adult cannot sign a different adult's name to this form (i.e. One parent cannot sign the other parent's name; An adult dependant cannot sign a parent's name).
- b. An insurance company is NOT the person who is financially responsible.

4. CONTACT LENS INFORMATION: *(This form will be included only if the patient states that they currently wear contacts or if they express an interest in being fit for contacts at the time the appointment is scheduled.)* This is an information only form, and should be signed by the patient or the patient's parent/guardian. By signing this form, you are agreeing that you have been made aware of the possible costs of contact lenses and their fittings fees.

If you have any questions about this paperwork, please feel free to call our office for assistance.

Thank you! We look forward to caring for all of your eye care needs!

Sincerely,

The Doctors and Staff at Quakertown Eye Associates