Hahn Price Vision Center

Dr. Melissa Hahn Price O.D.

New Patients: How did you hear about our office?

___Saw office driving by ___ValPak ___Facebook ___Instagram ___LinkedIn ___Dr Office

___Insurance ___Next door neighbor ___Website ___Newspaper ___Friend referral

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY AND PRACTICE

I understand that an attempt to protect the privacy of my identifiable information, Hahn Price Vision Center has established a Privacy Policy and guidelines for the Privacy Practices within their office. This information details the use and/or disclosure of the information contained in my personal medical/optometric record kept for the purposes of diagnosis, treatment, and health care operations. In accordance with HIPAA regulations, a copy of Hahn Price Vision Center's Privacy and Practice has been made available to me while in the office today.

Print Patient Name:____ Birthdate:_____________

Signature:____ Date:________________

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

I hereby authorize payment directly to the providing physician of any vision/medical benefits. If any, otherwise payable to me for his/her services. I understand that I am financially responsible for charges not covered by my insurance.

Signature:____ Date:________________

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the providing physician to release any information acquired in the course of my examination or treatment to my referring doctor and/or company.

Signature:____ Date:________________

INSURANCE INFORMATION

MAJOR MEDICAL:______________________________ VISION COVERAGE:__________________________

SUBSCRIBER NAME:____________________________ SUBSCRIBER NAME:_________________________

Date of Birth:_________________________________ Date of birth:_____________________________

Identification #:______________________________ Identification #:___________________________

Social Security #:_____________________________ Social Security #:__________________________

Group #:______________________________________ Group #:_________________________________

HOME ADDRESS:____

CITY:____ STATE:_______________ ZIP CODE:_______________

HOME PHONE:_________________________________ CELL PHONE:______________________________

EMAIL:____