

WELCOME TO OUR OFFICE  
TELL US A LITTLE BIT ABOUT YOURSELF...

To help Dr. Stefano better serve your specific needs, please answer the following questions as they apply to you.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Preferred Name</b>		
_____	_____	_____	_____		
<b>Address</b>	<b>Employer</b>				
_____	_____				
_____	<b>Employer Address</b>				
_____	_____				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____	_____	_____
<b>Home Phone</b>	<b>E-Mail</b>	<b>Day Phone</b>	<b>Ext.</b>		
_____	_____	_____	_____		
<b>M</b>	<b>F</b>	<b>Social Sec. #</b>	<b>Birth Date</b>	<b>Cellular</b>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Parent's Name			Parent's Address (if different)		
If the Patient is a Child _____			_____		
Previous Eye Doctor _____			Referring Doctor _____		
Current Medical Doctor _____					
If you are a new patient, who referred you to our office? _____					
Are you interested in finding our more about LASIK laser eye surgery? _____					
Do you have any specific questions you would like to discuss today? _____					

<b>Primary Insurance</b>	<b>Secondary Insurance</b>
Company _____	Company _____
Insured Name _____	Insured Name _____
Insured's DOB _____	Insured's DOB _____
Insured's ID _____	Insured's ID _____
Insured's Employer _____	Insured's Employer _____

**Note:**  
Most insurance policies pay only a portion of your total charges. If you have questions about your coverage, please contact your representative. We do not guarantee the accuracy of benefit information given to us by insurance companies!!! Please understand that financial responsibility for your account is yours, not your insurance companies.  
I authorize the release of any medical or other information necessary to process insurance claims. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the physician or supplier for services rendered.  
I also understand that I am responsible to pay for services rendered, including costs of collection, and any reasonable fees associated with such collection, in the event of default. I further understand that if payment becomes 60 days past due, delinquency charges at the annual rate of 18 percent will be due on delinquent accounts from the date the payment was due.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_