

Eye Health of Kalkaska
Drs. Robert and Kimberly Molter
Welcome to our office!

Date: _____

Name: _____ Date of Birth: _____

Address/PO Box : _____ Age: _____

City: _____ Zip: _____ SSN#: _____

Spouse/Parent if under 18: _____ Home Telephone: _____

Your Occupation/Employer: _____ Work Telephone: _____

Whom may we thank for referring you to our office? _____

What is the primary reason for your visit today? _____

Are you allergic to ANY Medications? (please list) _____

Are you currently taking ANY medications? (please list) _____

Are you diabetic or do you have any breathing problems such as asthma? _____

Is there a family history of GLAUCOMA, or other eye disease? _____

Approximate date and location of your last eye exam? _____

Do you wear CONTACT LENSES or are you interested in trying them? _____

Person responsible for your account if different from above: _____

Vision/Medical/Optical Insurance Plan information: _____

Name and Birthday of insurance card holder: _____

Patients who have optical/medical/vision insurance are reminded that charges for optometric services rendered by our office are the responsibility of the patient and not their insurance carrier. Insurance is a contract between the patient and insurance company. Services rendered by your doctor on your behalf are services provided to you personally and as such, are your responsibility. While we accept and participate in several insurance plans, it is the responsibility of the patient to be aware of what level of service they are eligible for under their plan. We will cheerfully assist you in any reasonable way contacting your carrier and filing insurance claims on your behalf. Payment is due on the day of service for examinations unless we have an authorization from a plan that our office participates with. Optical orders require a deposit of half down when ordered, with the remainder due when dispensed. Please acknowledge your understanding of these policies by signing on the line below.

Patient Signature: _____ Date: _____