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Please Print

Mr./Mrs./Ms./Dr. _____ Birthdate _____ Today's Date _____

Legal Name _____

How would you like to be addressed? _____

Address _____ SSN _____

City _____ State _____ Zip _____ Occupation _____

Phone(Home) _____ (Cell) _____ Employer _____

(Work) _____ Address _____

E-mail _____

Spouse/Parent(if minor) _____

Person responsible for account _____

Account Responsible SSN: _____

Address _____

Telephone _____

Whom may we thank for referring you to us? _____

Did you see our display ad in the Yellow Pages? YES NO

In case of emergency call _____ Phone _____

List any special interests or hobbies _____

Would you like information on: refractive surgery (LASIK)?..... YES NO

Contact Lenses?..... YES NO

Contact Lenses to eliminate nearsightedness?... YES NO

PAYMENT INFORMATION

Payment is expected at the time services are rendered

Method of payment today: Cash Check Mastercard/Visa/American Express

Vision Insurance

Major Medical Insurance

Insurance Company: _____



Welcome to our office. We appreciate your choosing us to be your vision care providers, and look forward to serving you.

Our objective is to provide you excellent care from the moment you make contact with us. We want you to be so delighted you have chosen us that you can't wait to see us again. Drs. Farberow and Simmons have each been in practice well over 20 years and with the expertise of our well-trained staff, will do everything they can to help you get the most out of your time with us. From comprehensive exams to refractive surgery consultations, from unique eyewear to custom contacts, we can assist you in your desire for complete eye care services.

We know your time is valuable and do not wish to keep you waiting, which means you must be on time as well. Expect your exam process to take approximately one hour or less.

To protect your eye health and provide you the most comprehensive evaluation possible, we will perform a complete retinal exam. The retinal exam can be performed in the traditional manner using dilating drops or we can use a newer technology called the Optomap digital retinal scanner, without the inconvenience of dilation. There is an extra fee for the Optomap, however we feel that the convenience of not having your eyes dilated in addition to the ability to view more detail and permanently store a digital image of your retina is well worth the extra cost.

Should you prefer to have your eyes dilated, your eyes will be more sensitive to light and your vision more blurry for several hours after the examination. You may bring your own sunglasses or we will provide you with disposable sunshades. Most people are comfortable driving following dilation, however if you are concerned about your driving vision, you should have someone drive you home.

If you wear glasses, please bring them with you. If you are a contact lens wearer, wear your contact lenses to your appointment (bring your current eyewear along with the contact lens prescription if available).

Financial Policies

Payment is expected at the time service is provided. If you have insurance, we will be happy to assist you in obtaining your benefits. Insurance matters must be handled prior to your appointment. Your insurance is a contract between you, your employer, and your insurance company. Since we are not a party to that contract, you should be familiar with your benefits and exclusions. If your insurance company declines payment, all charges are your responsibility.

We require at least one full business days' notification if you must change your appointment or you will be subject to a \$65 missed-appointment charge. There is a \$25 fee for returned checks. Interest is charged on outstanding accounts after 45 days at 1.5% per month. Accounts that are over 30 days old are subject to a \$5.00 administrative fee for each subsequent statement.

If you have any special needs (wheelchair access, hearing impaired, etc.), please inform us before your scheduled appointment time. If you have any questions, do not hesitate to call.

Your signature acknowledges that you have read and understood the policies described on this form.

Signature_____

Date_____