

**SAN DIEGO EYE & LASER CENTER**

**PATIENT INFORMATION**

**REFERRED BY** \_\_\_\_\_

\_\_\_\_\_  
Last name First Middle

\_\_\_\_\_  
Home/Mailing Address City State Zip Code

\_\_\_\_\_  
SSN Date of Birth Male/Female Single/Married/Divorced/Widowed

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
Email address Employer/ Occupation

\_\_\_\_\_  
Primary Care Physician Office Phone Number

**RESPONSIBLE PARTY**     Self     Other

\_\_\_\_\_  
Other Responsible Party Name Date of Birth Relationship

**EMERGENCY CONTACT** (not living with you)

\_\_\_\_\_  
Emergency Contact Name Phone Relationship

**INSURANCE INFORMATION**

\_\_\_\_\_  
Primary Insurance Company ID#

\_\_\_\_\_  
Secondary Insurance Company ID#

Do you have a separate Vision Insurance, such as VSP?    NO     YES \_\_\_\_\_

**PRIVACY PRACTICES NOTIFICATION**

A copy of the "Notice of Privacy Practices" has been made available to me\_\_\_\_(initials). I authorize reminder postcards \_\_\_\_ (initials). I authorize phone messages to confirm my appointments at my home or work\_\_\_\_(initials).

**AUTHORIZATION FOR TREATMENT AND PAYMENT**

I hereby authorize Richard J Leung, MD to treat myself or my minor child. I further authorize the release of any information acquired in the course of treatment to my insurance company, referring physician and/or any other party. I have been given a copy of the "FEES AND PAYMENT POLICY" and understand that I am personally responsible for all services rendered on my or my child's behalf and that payment or co-payments are due at the time of service. Payment for services is in no way dependent upon insurance coverage. I authorize payment directly to Richard J Leung, MD for the medical and/or surgical benefits, if any, otherwise payable to me for his services. I understand that I am financially responsible for the charges not covered by this authorization. I further agree in the event of non-payment, to bear to cost and legal fees for collection should this be required.

\_\_\_\_\_  
Signature of Patient, Parent or Legal Guardian Date