ORANGE COAST
eye center

Patient's Name_____ ○Male ○Female **S/W/M/D** **Date of Birth**_____
FIRST M.I. LAST

Legal Guardian if Patient is Minor_____ **Date of Birth**_____
FIRST M.I. LAST

Address_____ **Social Security Number**_____
STREET CITY ZIP CODE

E-MAIL _____

Home Telephone No._____ **Driver's License Number**_____

Spouse's Name_____ **Date of Birth**_____

Employer_____ **Occupation**_____

Employer's Address_____ **Telephone No.**_____
STREET CITY ZIP CODE

Person to Contact In Case of Emergency_____
NAME PHONE NUMBER RELATION

Referred By_____
NAME ADDRESS PHONE NUMBER

Primary Care Doctor_____
NAME ADDRESS PHONE NUMBER

Other Family Members Treated Here_____

DO YOU RESIDE IN A SKILLED NURSING FACILITY? Yes_____ **No**_____

ARE YOU IN A HOSPICE PROGRAM? Yes_____ **No** _____

SIGNATURE OF PATIENT_____ **DATE**_____
(or Legal Guardian)

I verify the above information is correct and I notified the receptionist of any changes to my personal or insurance information.

INITIAL _____
DATE

Lincoln L. Manzi, Jr., M.D., Inc.
Eye Physician and Surgeon / Diplomate American Board of Ophthalmology

Jared R. Younger, M.D., M.P.H.
Fellowship Trained in Cornea, Cataract, Refractive Surgery / Board Certified

(714) 546-2020
18426 Brookhurst Street, Suite 103 / Fountain Valley, CA 92708 / www.OrangeCoastEyeCenter.com

ORANGE COAST
eye center

I authorize the release of any medical information to my insurance carrier that is necessary to process this and all future claims submitted. I permit a copy of this authorization to be used as the original for all current and future claims submitted. I hereby authorize my insurance company to pay by check issued and directly mailed to:

Orange Coast Eye Center
18426 Brookhurst St #103
Fountain Valley, CA 92708

I understand that Orange Coast Eye Center ophthalmologists are licensed and regulated by the Medical Board of California. NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the medical Board of California. (800) 633-2322 www.mbc.ca.gov

_____ _____
Date Signature of Patient, Spouse, Guarantor or Parent

During your visit, our office may discuss or recommend products or services offered by Alphaeon Corporation, if they are appropriate for your eye care. Dr. Younger has an ownership interest in Strathspey Crown Holdings, LLC., the parent company of Alphaeon.

_____ _____
Date Signature of Patient, Spouse, Guarantor or Parent

I acknowledge Orange Coast Eye Center's Notice of Privacy Practices. I understand the Privacy Practice is available to me and understand its purpose and stipulations

_____ _____
Date Signature of Patient, Spouse, Guarantor or Parent

BENEFICIARY SIGNATURE FOR MEDICARE ELECTRONIC BILLING

I request that payment of authorized Medicare Benefits be made on behalf to Orange Coast Eye Center for services furnished to me. I permit a copy of this authorization to be used in place of the original and authorize the release of my medical information to the Health Care Financing Administration or its agents as needed to determine benefits payable for these services rendered.

_____ _____
Date Signature of Patient, Spouse, Guarantor or Parent

Lincoln L. Manzi, Jr., M.D., Inc.
Eye Physician and Surgeon / Diplomate American Board of Ophthalmology

Jared R. Younger, M.D., M.P.H.
Fellowship Trained in Cornea, Cataract, Refractive Surgery / Board Certified

(714) 546-20/20
18426 Brookhurst Street, Suite 103 / Fountain Valley, CA 92708 / www.OrangeCoastEyeCenter.com

ORANGE COAST
eye center

FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, ANY AND ALL FINANCIAL LIABILITY RESTS WITH THE PATIENT.

Our office participates with most major insurance plans. We provide MEDICAL and SURGICAL ophthalmologic care to patients. We do participate with select vision plans (VSP/MES/SUPERIOR/EYEMED).

MEDICAL INSURANCE: Any medical complaint and all diagnostic tests of the eyes must be billed to your medical insurance ONLY. You are responsible for any discrepancies between our fees and the amount your insurance carrier pays for services rendered in our office (Deductible, Copayment, Co-insurance). A **refraction** (a test that determines one's prescription in order to prescribe glasses) **is not a covered medical service by most insurance companies including Medicare**. If you receive a prescription for glasses, you will be charged $45 which is due at the visit. This policy includes refractions after eye surgery. Also, if you request a contact lens fitting, there will be a charge for time and trial lenses, ranging from $50 - $150, which medical insurance does not cover. This is considered separate from the refraction.
VISION INSURANCE: Routine eye exams and refractions are not covered by Medicare and most medical insurance plans. These vision services are covered under vision insurance, not medical plans. Our office will do it's best to find out if you currently have a vision plan, however if you find out after your visit that you are currently enrolled in a vision plan, we cannot change who was billed for the exam visit. **It is patient's responsibility** to know what insurance they have prior to the exam with our doctors.
OPTICAL: (Glasses and Contact Lenses): Glasses are custom ordered and made. Therefore, you must put a deposit down of half or greater in order for your glasses to be made. Patients have 60 days to recheck their glasses prescription. After 60 days, there will be another $45 refraction fee. All contact lens orders are payable at the time the order is placed.

It is the patient's/parent's/guardian's responsibility to:
-Be familiar with the benefits of your plan, including co-pays, co-insurance, and deductibles.
-Bring all of your current insurance cards to all visits
-Provide our office with current information including address, phone numbers and primary care physician
-In accordance with your insurance contract, **you must pay your copay/deductible/coinsurance at each visit.** If you do not make your payment, you will be charged an additional **$10 billing fee** if we do not receive payment within 10 days. We accept cash, checks and all major credit cards for services.

We appreciate prompt payment in full for any outstanding balance. If you are unable to pay a balance in full, please notify our billing department immediately and we will try to make a payment plan with you. Any payment made by check that does not clear your bank account will result in a $25 fee, which will be added to your account and must be paid before the next visit. If it is necessary to submit your account to a collection agency, you will be liable for the full balance and collection expenses. There may be additional fees for medical record copies and completing any patient forms, including DMV or disability forms.

I have read and understand the above financial policy.

_____ _____
Signature of Patient/guardian/parent Date

_____ _____
Printed Name of Patient Date

Lincoln L. Manzi, Jr., M.D., Inc.
Eye Physician and Surgeon / Diplomate American Board of Ophthalmology
Jared R. Younger, M.D., M.P.H.
Fellowship Trained in Cornea, Cataract, Refractive Surgery / Board Certified
(714) 546-20/20

ORANGE COAST

Due to new government regulations, we are now required to ask you the following information:

- The phone number that you prefer us to call you on: _____ - _____ - _____

  Circle one: *Home* *Cell* *Work*

- Email

- Providing your email address will allow you to keep a record of all your medical visits with our office by using an optional secure portal to access your information. It also allows our doctors to provide a faster & more efficient exam, confirm appointments and notify you when your glasses are ready for pick up.

- Marital status: Circle one: *Married* *Single* *Divorced* *Widowed*

- Your primary language: _____

- Your Race: American Indian or Alaska native Asian

  Black or African American White

  Decline to answer

- Your Ethnicity: Hispanic or Latino Not Hispanic or Latino

  Decline to answer

All information is kept strictly confidential and is NEVER shared.

Lincoln L. Manzi, Jr., M.D., Inc.
Eye Physician and Surgeon / Diplomate American Board of Ophthalmology

Jared R. Younger, M.D., M.P.H.
Fellowship Trained in Cornea, Cataract, Refractive Surgery / Board Certified

(714) 546-2020
18426 Brookhurst Street, Suite 102 / Fountain Valley, CA 92708 / www.OrangeCoastEyeCenter.com