



New Patient Information Sheet

Patient Name: First _____ MI _____ Last _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Sex: M F

Age: _____ Date of Birth: _____ Employed: FT/PT Student Retired

Patient's Employer: _____ Single Married Widowed

Position or type of work: _____

Home Phone #: _____ Daytime #: _____ Cell #: _____

Email Address: _____ Guardian (if minor): _____

(Email is the only form of annual reminder that will be sent out to let patient know it is time for vision exam)

Vision Insurance: _____ Primary Policy Holder: _____ DOB: _____

Medical Insurance: _____ Primary Policy Holder: _____ DOB: _____

Last 4 of **Primary's** Social Security #: XXX-XX-_____ Have you ever been here as a patient? Y N

Whom may we thank for your business today? (check all that apply)

____ Friend or Family or Co-worker Referral: _____

____ Internet _____ (name)

____ Insurance Provider List

____ HR Department: _____
(company)

____ Health Fair: _____
(location)

____ Community Club, Networking Group, or Interest Group: _____
(group)

Health Insurance Portability and Accountability Act (HIPAA) Consent Authorization of Payment of Insurance Benefits

I give In Focus Eyecare, LLC my consent to use or disclose my protected health information (PHI) to carry out my treatment, to obtain payment from insurance companies and for healthcare operations like quality reviews. I have been informed that I may review In Focus Eyecare, LLC's Notice of Privacy Practices which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and healthcare operations. I understand that In Focus Eyecare LLC has the right to change their privacy practices and that I may obtain any revised notices at In Focus Eyecare, LLC at my request. I understand that I have the right to request a restriction of how my PHI is used. However, I also understand that In Focus Eyecare is not required to agree to the request. If In Focus Eyecare agrees to my requested restriction, they must follow the restriction(s). I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed. I authorize payment of medical benefits to In Focus Eyecare, LLC for claims that they are filing on my behalf.

ELECTRONIC SIGNATURE WILL BE REQUESTED AT OFFICE

Signature of Patient or Guardian

_____ Date

Revised 03/23/2016



Andrea P. Neff, O.D.

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DIRECTIONS

From Charlotte & Rock Hill

I-77 Exit 85

West on Hwy 160

Left at light into Baxter Village on Assembly Drive

Right out of traffic circle on First Baxter Crossing

Tower Place is the first building on the left

Parking lot at the intersection of First Baxter Crossing and Springmaid

In Focus Eyecare and IFE Optical are located in Suites 202 and 203

From Tega Cay

East on Hwy 160

Right at light into Baxter Village on Assembly Drive

Right out of traffic circle on First Baxter Crossing

Tower Place is the first building on the left

Parking lot at the intersection of First Baxter Crossing and Springmaid

In Focus Eyecare and IFE Optical are located in Suites 202 and 203

Did you know...?

20/20 vision doesn't necessarily mean perfect vision? It's a term used to describe normal visual acuity, which is one of many vision assessments Dr. Andrea Neff and her team do to evaluate your vision.

An optometrist not only checks your vision for glasses or contacts, but is able to treat MANY medical problems as well.

At In Focus Eyecare, we offer additional services and treat or manage the following eye problems:

- | | |
|---------------------------|---|
| Eye Allergies | Cataract Post-OP |
| Sports Eye Injuries | LASIK Post-OP |
| Conjunctivitis (Pink Eye) | Eye Emergencies |
| Corneal Abrasions | Corneal Foreign Body Removal |
| Glaucoma | Difficult Contact Lens Fits |
| Macular Degeneration | Pediatric Exams (age 1 year and up) |
| Dry Eye Syndrome | CRT (Corneal Refractive Therapy)-Correct your vision while you sleep! |