

Welcome To Our Office

Monte Vista Eye Care Center
Paul W. Heersink, O.D.
101 Chico Court, Suite B
Monte Vista, Colorado 81144
719/852-3412

Patient's Name _____ Date _____

Patient's Date of Birth _____ Age _____

Name of Spouse _____

Name of Parents (if child) _____

Mailing Address _____

City _____ State _____ Zip _____

Residence Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer & Business Address _____

Family Physician _____

Insurance Company & Policy # _____

Social Security Number _____

I understand that I am responsible for my debt if my insurance company has not paid within 45 days.

Signature _____ Date _____

I acknowledge that I received a copy of PAUL W. HEERSINK, O.D., Notice of Privacy Practices.

Signature _____ Date _____