



COLUMBIA RIVER
EYE CENTER

Devin Harrison, M.D.

Andrew Chen, M.D.

Sumit Manhas, O.D.

475 Bradley Blvd, Richland, WA 99352

Phone 509-943-2240 Fax 509-943-1575

PATIENT INFORMATION

Acct. # _____

Last Name		First Name		Middle Initial
Address		City	State	Zip
Sex Male Female	Date of Birth	Social Security#		Primary Care Physician
Marital Status S M D W	Spouse's Name and Date of Birth		Preferred Pharmacy	
Home Phone	Cell Phone		E-mail address	
Local Emergency Contact		Phone #	Relationship	

Best way to contact you? Text Email Call All

FINANCIAL RESPONSIBILITY FOR THIS ACCOUNT IF OTHER THAN SELF

Resp party's Full Name _____	Insurance Name _____
Address _____	Billing Address _____
Date of Birth _____	Policy # _____
Social Security # _____	Group # _____
Relation to patient _____	

INSURANCE AUTHORIZATION AND INFORMATION

I hereby authorize The Columbia River Eye Center to furnish information to insurance carriers concerning any illness and treatment, and fully assign payment directly to the doctor for services rendered. All the above information is true to the best of my knowledge. I understand I am liable for any and all charges insurance does not pay. I also agree to pay any collection and/or attorney fees that should arise from nonpayment.

Signature: (Patient or guardian) _____ Date: _____

Check any conditions that apply to you

Eye History

- Cataract - Left or Right or Both
- Macular Degeneration
- Diabetic retinopathy
- Herpes simplex/zoster
- Ocular hypertension
- Glaucoma
- Retinal tear/detachment/hole
- Strabismus
- Lazy eye/patching
- Freckle/Melanoma
- Chalazion

Eye Procedures

- Insertion of punctal plug
- Eyelid Surgery
- Injections
- Refractive Surgery (Lasik, PRK, PK, AK)
- Corneal transplant
- Cataract extraction - Left or Right or Both -
What year:
- PRP laser (for diabetic retinopathy)
- Strabismus surgery
- YAG laser capsulotomy

For a history of **Glaucoma**

- Trabeculectomy
- SLT/ALT
- Laser iridotomy

Past Medical History

- Fever
- High blood pressure
- Diabetes
- Cholesterol (hyper or hypo)
- Heart attack
- Heart disease
- Coronary artery disease
- COPD
- Asthma
- Hearing loss
- Skin cancer (basal/squamous/melanoma)
- Rosacea
- Stroke
- Multiple sclerosis
- Anxiety
- Rheumatoid arthritis
- Lupus
- Sjogrens
- Thyroid (hyper or hypo)

Past Surgical History

- Appendectomy
- Cholecystectomy
- Colectomy
- Mastectomy
- Hysterectomy
- Lumpectomy of breast
- Prostatectomy
- Heart valve replacement
- Coronary artery bypass

Circle any problems you are *currently* experiencing with your **EYES**

Glare Distorted Dry Watery Blurred Fluctuating Double Loss of vision
Itching Redness Sandy/Gritty Discharge

List all **MEDICATIONS** you currently take:

_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medication **ALLERGIES**:

_____	_____	_____
_____	_____	_____

Do you take any of the following medications *currently*

Steroid Plaquenil Tetracycline Ethambutol Amiodarone

Referred by: Relative Friend Online Optometrist Doctor

Name of referring doctor or person: _____

SOCIAL HISTORY

Current occupation: _____

- Do you drive? YES NO
- Do you have visual difficulty when driving? YES NO
- Do you have problems with night vision? YES NO
- Do you currently wear contact lenses? YES NO
- Do you currently wear glasses? YES NO
- Do you drink alcohol? YES NO Number of drinks per day _____
- Do you Smoke? YES NO Number of packs per day _____
- Former Smoker? YES NO
- If YES: how long since you quit? _____

FAMILY HISTORY

Disease	Yes	Relationship
Blindness		
Glaucoma		
Macular Degeneration		
Retinal Detachment		
Strabismus / Lazy Eye		
Diabetes		
Migraines		
High Blood Pressure		
Cancer		
Other		



COLUMBIA RIVER
EYE CENTER

Devin Harrison, M.D.

Andrew Chen, M.D.

Sumit Manhas, O.D.

475 Bradley Blvd, Richland, WA 99352

Phone 509-943-2240 Fax 509-943-1575

Thank you for choosing The Columbia River Eye Center for your eye care needs. Our goal is to provide you with the highest quality medical experience. Please read our office policies carefully and sign below. We will be happy to answer any questions you may have.

- **Patients are financially responsible for the services they receive. We are happy to bill your primary and secondary insurances, however we require that you provide your most current insurance information on a yearly basis or as needed by the front office staff.**
- **For any insurance that requires prior authorization, it is the patient's responsibility to make sure that they are in place prior to the day of the appointment. If these authorizations are not active before the appointment, we will need to reschedule to a later date.**
- **If you arrive 15 or more minutes late for your appointment, we will need to reschedule the appointment to a later date. We do require 24 hours notice if you are unable to keep your scheduled appointment.**
- **If you do not show or call for your scheduled appointment, you may be subject to a \$50.00 no show fee. You may be dismissed from care, for repeated (more than 2) no-show or short notice changes.**
- **Copays must be paid at the time of service.**
- **The refraction fee is not a covered benefit of Medicare, Medicare Advantage, and some commercial insurance plans. There is a \$60.00 charge associated with this and it is due at the time of service.**
- **We would appreciate you keeping your account current with our office. If you are unable to make a payment, you must contact our Billing Department to set up payment arrangements. All accounts over 90 days past due will be turned over to our collection agency.**
- **There is a \$40.00 service fee for any returned checks.**
- **We ask that you turn off your cell phone when you enter the examination room to have quality time with your healthcare provider.**

Thank you for your cooperation in these matters.

Signature of responsible party _____

Date _____



COLUMBIA RIVER
EYE CENTER

Devin Harrison, M.D.

Andrew Chen, M.D.

Sumit Manhas, O.D.

475 Bradley Blvd, Richland, WA 99352

Phone 509-943-2240 Fax 509-943-1575

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see a copy of that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or if the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our office manager.

By my signature below I acknowledge receipt of the Notice of Policy Practice. This form will be retained in your medical record.

Signature of patient or responsible party

Date

I hereby specifically authorize disclosure of my protected health information to the persons indicated below:

Name: _____ Relation: _____

Name: _____ Relation: _____



COLUMBIA RIVER
EYE CENTER

Devin Harrison, M.D.

Andrew Chen, M.D.

Sumit Manhas, O.D.

475 Bradley Blvd, Richland, WA 99352
Phone 509-943-2240 Fax 509-943-1575

MEDICARE LIFETIME AUTHORIZATION

TO: Medicare Part B
P.O. Box 6700
Fargo, ND 58108-6700

AUTHORIZE FROM: _____ **TO: UNTIL REVOKED**
(Today's Date)

PROVIDER: **The Columbia River Eye Center**
475 Bradley Blvd
Richland, WA 99352

I request that payment under this medical insurance program be made to the provider named above on any bills for services furnished to me during the effective period of the release to the social security administration or its intermediaries or carriers for any information needed for this claim or any related Medicare claim. I further permit a copy of the authorization to be used in place of the original.

I also appoint the provider or his/her representative as my authorized representative for the purpose of appealing denied claims or refunding inappropriately paid claims.

Patient signature

Patient name

Insured name

Subscriber's number