SONTERRA OPHTHALMOLOGY
Find A Cure ★ Support Our Military

Jean Edwards Holt, M.D, M.H.A.

Patients Account Numbe
(for Office Use only)

Thank you for selecting our healthcare team! We will strive to provide you with the best possible eye care. To help us meet all your needs, please fill out the form below. If you have any questions or need assistance, please ask and we will be happy to help.

Patient Information

Name (F,M,L): ○ Minor ○ Single ○ Married ○ Separated ○ Widowed

Address: Apt#: City: State: Zip Code: ☐ Male ☐ Female

Home Phone: Work Phone: ext: Cell:

Where do you prefer to receive calls? ☐ Home ☐ Work ☐ Cell When is the best time to reach you? Time: Days:

Social Security #: Birthdate: Age: Your Drivers Licence #

E-mail Address: Employer: Occupation:

Who is responsible for the account? Referred By: Name (F & L)

Name (F,M,L): Relationship: Birthdate:

Address: City: State: Zip Code:

Social Security #: Driver's License #:

For Medicare and Government Insured Patients Only: Language: Race: Ethnicity:

In the event of an emergency, who should we contact? Home Phone:

Name (F,M,L): Relationship: Work Phone:

PRIMARY INSURANCE Name of Insured (F,M,L):

Employer: Birthdate: Social Security #:

Employee/Cert.#: Insurance Co: Group #:

SECONDARY INSURANCE: Name of Insured (F,M,L):

ID#:: Birthdate:

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payors and/or other health practitioners. I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Today's date: X

Signature of patient or parent if minor

Financial Arrangements

For your convenience, we offer the following methods of payment.
Payment is expected in full each visit.

Please check the option you perfer: ☐ Cash ☐ Personal Check ☐ Credit Card