

Sunset Eye Clinic, LLC

1865 NW 169th Place, Suite 105
Beaverton, OR 97006
Phone 503.533.8441 | Fax 503.533.8403

Sunset Vision Center, LLC

7355 NE Imbrie Dr. Ste. 101
Hillsboro, OR 97124
Phone 503.844.6858 | Fax 503.844.6850

Welcome to our Office!

***Please print clearly**

Patient Name _____ Date _____

Date of Birth _____ Social Security Number _____

Address _____ Home Phone _____

City/State/Zip _____ Cell Phone _____

E-mail Address _____

Person responsible for payment (other than insurance) _____

Billing Address IF different from the address listed above:

Whom may we thank for referring you to our office?

Other healthcare professional _____

Family Member _____

Friend _____

- Internet
- Yellow Pages
- Insurance list
- Other (Specify)

Primary Care Physician Information

Clinic Name _____ Phone _____

Provider Name _____ Fax _____

Address _____

Please email your digital copy of MEDICAL INSURANCE CARD to:

scheduling@sunseteyeclinic.com

Payment Policy

Payment and/or co-pay is due at the time of service. We accept cash, checks, Visa, Amex, and MasterCard. If you have insurance, we will be happy to bill the *estimated* portion your insurance plan covers; the remaining balance is due within 30 days of receiving your first statement. For services including, but not limited to imaging and scanning may or may not be covered. Your insurance carrier is your best source of information regarding benefits and eligibility. It is your responsibility to know your benefits and eligibility prior to receiving services.

➔ Signature _____ Date _____