

**Perspective Vision Care**  
105 E. Wisconsin St. #206  
Oconomowoc, WI 53066  
Phone: (262)354-8179  
Fax: (877)268-5142

\_\_\_\_\_ (name of facility)

**OPTOMETRY CONSENT**

I hereby request Perspective Vision Care (PVC) to assume responsibility of optometry evaluation and treatment for: \_\_\_\_\_  
(Print Patients Name)

\*Sign Here --YES \_\_\_\_\_ \*DATE \_\_\_\_\_

(Signature of Patient, Guardian, Responsible Party, or Capacity of Signer, if Signature is not of Patient)

\*BIRTHDATE \_\_\_\_\_ \*SEX: M OR F (circle)

**\*\*PLEASE LIST ANY AND ALL INSURANCE PLAN INFORMATION WITH ID NUMBERS AND INCLUDE COPIES OF INSURANCE CARDS IF POSSIBLE**

\*MEDICARE # \_\_\_\_\_

\*MEDICARE REPLACEMENT PLAN \_\_\_\_\_ ID# \_\_\_\_\_

\*MEDICAID RECIPIENT (IF APPLICABLE) ID # \_\_\_\_\_

\*SUPPLEMENTAL INSURANCE \_\_\_\_\_ ID # \_\_\_\_\_

\*RESPONSIBLE PARTY NAME: \_\_\_\_\_

\*BILLING ADDRESS \_\_\_\_\_

\*CITY, STATE, ZIP \_\_\_\_\_ \*TELEPHONE # \_\_\_\_\_

**\*PLEASE RETURN THIS FORM TO FACILITY OFFICE OR DIRECTLY TO PERSPECTIVE VISION CARE**

**Memo to Admissions Office: Please fax this form and a copy of face sheet to (877) 268-5142**

*I understand that PVC takes assignment. All bills shall be directed towards Medicare and insurance carriers when possible. Patient is responsible for the deductible and co-insurance when not covered by supplemental insurance or Medicaid. I authorize Medicare and my insurance carriers to send payments directly to PVC. I also authorize the release of any information from any agency or carrier to PVC for purposes of administering the Medicare program. I authorize PVC to release any required information to any agency, insurance carrier, or Medicare as needed. I have read and understand the facility's &/or PVC's privacy policies regarding the handling of protected health information.*

**PRIMARY CARE DOCTOR AUTHORIZATION – for facility use only**

I hereby authorize this patient to have an eye exam and eye care with Perspective Vision Care's optometrist.

**Primary Care Doctor Signature:** \_\_\_\_\_