



817 E 66th Street, Richfield, MN 55423 | **Tel:** (612) 488-1566 | **Fax:** (612) 488-1564
Email: billing@swoopeye.com

Worker's Compensation Patient Agreement

You have been scheduled to see a neuro-optometrist for an office visit or neuro-optometric evaluation at Swoop Eye Care. Your neuro-optometrist will evaluate your visual skills and evaluate your eye health. Completion of this form does not guarantee coverage by your employer's worker's compensation insurance. Coverage is determined by your Worker's Compensation Insurance company. Swoop Eye Care will provide all necessary documentation to you and requested parties (**with written consent only by medical release form**) to support your eye & vision care needs. This form must be completed **prior** to your evaluation. It is advised that you have a **referral from your treating health care provider & a claim authorization number** prior to your assessment. All services provided will be billed the usual & customary charges. If unpaid by worker's compensation insurance, the charges will be sent to your personal medical insurance policy.

Patient Information (*Patient or Employer to Complete*):

Full Name (Last, First, MI)		
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
SSN:		
Address:		
City:	State:	Zip:
Home Phone :	Work/Cell Phone:	

Worker's Compensation (*Patient or Patient's Employer*)

Insurance:	Phone:	Fax:
Full Name of Case Manager		Email:
Address:		
City:	State:	Zip:
Policy/Claim #:	Authorization #:	
Employer Name:		
Employer Address:		
City:	State:	Zip:
Phone:		
Form Completed by (print first/last names):		
Patient Signature:		
Date:		

=====Swoop Eye Care Billing BELOW=====

Date of Injury:	
<input type="checkbox"/> Patient unable to work	Dates Unable to Work: to
<i>Able to return to Work Date:</i>	
<input type="checkbox"/> Patient able to work a "Limited" schedule	
Number of hours per week:	
Initial Visit Date (not injury date):	
Diagnosis:	
<input type="checkbox"/> Claim billed to insurer	