Welcome to Our Office!

Vision Transformation, Inc
Marisa Atria Kruger, O.D., F.C.O.V.D.
2535 S. Lewis Way, Suite 209
Lakewood, CO 80227
Voice 303-865-4290 Fax 303-865-4294

Patient Name:____Date:______________
Date of birth_______________ Occupation: _____________________________________
Mailing Address: _______________________ City:______________State: ____________Zip:____
Home Phone:_________________________________Work Phone:___________________________
Mobile Phone:________________________________email:_______________________________

***If for a child under age 18:**

*School:_______________________Grade:_______Teacher's name:_______________________
Who is financially responsible for the child? ___________________________________

*Mother's information:
Name: ____
Mailing Address: ____
Home Phone: _______________________________Work Phone: ___________________________
Cell Phone: _______________________________email: ________________________________
Occupation: ____

*Father's information:
Name: ____
Mailing Address: ____
Home Phone: _______________________________Work Phone: ___________________________
Cell Phone: _______________________________email: ________________________________
Occupation: ____

*Contact information for step-parents, grandparents, or other pertinent information: ____________
____
____

How did you learn about this office? ____
Whom should we thank for referring you? ____

- Payment is due at the time of service. Unpaid balances over 30 days will be assessed a finance charge at the rate of 12%APR.
- Payment method (circle): CASH * CHECK * VISA * MC * DISCOVER *AMEX
- You will be provided with forms that you can file with your insurance company for reimbursement according to you plan at you request. These forms are also appropriate for medical flex spending accounts. This office does not bill insurance directly nor is this office an in-network provider.
- Special arrangements may be made for Medicare insurance. Please bring this to the attention of the receptionist.

Your signature indicates that you have received our privacy policy and understand our payment policy.

Signature:____