WELCOME TO OUR OFFICE. WE APPRECIATE YOUR HELP IN KEEPING YOUR RECORDS UPDATED.

1. Today's Date: _____

2. Patient's Name: _____ (Last) _____ (First) _____ (MI)

3. Address: _____ (Street/Box/Apt. No.) _____ (Street) _____ (City) _____ (State) _____ (Zip)

4. S.S. # (Needed for Insurance billing and eligibility): _____ _____ _____

5. Phone Nos: Cell (_____) _____ Home (_____) _____ Work (_____) _____

6. E-mail Address: _____

7. Date of Birth: _____ _____ _____ Sex: M F

8. Marital Status: (Needed for some types of insurance) (Circle) M S D W Spouse's Name: _____

9. Employer/Occupation: _____

10. Special Interests/Hobbies: (To help us determine proper vision correction type) _____

11. Vision Insurance Co. Name: (Circle One): VBA NVA VSP BAI EYEMED HUMANA UPMC ALWAYS SUPERIOR
Other: _____

12. Primary Card Holder: _____ Card Holder S.S.# _____ D.O.B. _____

13. Medical Insurance Co. Name: (Circle One): Medicare Highmark BC/BS AETNA CIGNA Humana United Health Care
UPMC Other: _____

14. Primary Care Physician: _____ Address/Phone: _____

15. Power of Attorney or Emergency Contact Name: _____ Phone: _____

PLEASE PRESENT YOUR MEDICAL AND VISION INSURANCE CARDS TO OUR RECEPTIONIST FOR COPYING.

PATIENT'S INSURANCE AUTHORIZATION/SIGNATURE ON FILE:

I request that payment of authorized insurance benefits be made to either me or on my behalf to Bayfront Eyecare for any services furnished me/my dependent by that physician/supplier. I authorize any holder of hospital or medical information about me/my dependent to release to the above named insurance company and its agents, any information needed to determine the benefits payable for related services. I permit a copy of this authorization to be used in place of the original. I understand that, regardless of my insurance status, I am ultimately responsible for payment of me/my dependent's account.

_____ Insured's Signature

_____ Date

PAYMENT OPTIONS: CASH, CHECK, MONEY ORDER OR CREDIT CARDS
OUR OFFICE ACCEPTS VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER AND CARE CREDIT