CONFIDENTIAL - PLEASE PRINT CLEARLY

PATIENT	**FIRST MIDDLE LAST NAME**		**BIRTH DATE** / /	**MARITAL STATUS** S M D W	**SEX (CIRCLE ONE)** M F
	MAILING ADDRESS (APT#)	CITY, STATE	ZIP CODE	SOCIAL SECURITY #	
	EMAIL ADDRESS	HOME #	# TO CONFIRM YOUR APPT.	CELL #	
	PRIMARY CARE PHYSICIAN CITY, STATE TEL#	EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #	
	OCCUPATION	SPOUSE'S NAME		PARENT'S NAME (IF MINOR)	

INSURANCE	**PRIMARY COVERAGE** INSURANCE COMPANY NAME SUBSCRIBER NAME(PERSON WHO HOLDS THE INSURANCE)	EFFECTIVE DATE SUBSCRIBER DATE OF BIRTH / / ID#	RELATIONSHIP TO PATIENT
	SECONDARY COVERAGE INSURANCE COMPANY NAME SUBSCRIBER NAME(PERSON WHO HOLDS THE INSURANCE)	EFFECTIVE DATE: SUBSCRIBER DATE OF BIRTH: / / ID#	RELATIONSHIP TO PATIENT
	VISION INS. (CIRCLE ONE) VSP/OPTICARE /EYEMED INSURANCE COMPANY NAME SUBSCRIBER NAME(PERSON WHO HOLDS THE INSURANCE)	EFFECTIVE DATE SUBSCRIBER DATE OF BIRTH: / / ID#	RELATIONSHIP TO PATIENT

RELEASE

MEDICARE I request that payment of authorized medical benefits be made on my behalf to Mahopac Ophthalmology, PC, for any service furnished to me. I hereby authorize Mahopac Ophthalmology to release to the Health Care Administrator and its agents any medical information needed to determine these benefits payable for related services under Title XV111 of the Social Security Act.

COMMERICAL INSURANCE

I hereby authorize the release of information necessary to file a claim with my insurance company and ASSIGN BENEFITS OTHERWISE PAYABLE TO ME, TO MAHOPAC OPHTHALMOLOGY, PC.

I understand I am financially responsible for any balance not covered by any insurance carrier. (COPAYS,REFRACTIONS,DEDUCTIBLES, ETC)

SIGNATURE X_____Today's Date _____

ROUTINE EYE EXAMS/REFRACTIONS ARE NOT COVERED BY MOST INSURANCE COMPANIES. A REFRACTION IS CHECKING YOUR EYES TO DETERMINE YOUR BEST VISION AND TO SEE IF YOU NEED GLASSES OR IF YOUR CURRENT PRESCRIPTION NEEDS TO BE CHANGED. WITHOUT REFRACTION WE CANNOT GIVE YOU A NEW PRESCRIPTION FOR GLASSES OR CONTACT LENSES. **OUR REFRACTION FEE IS $60.00**.

I AUTHORIZE MAHOPAC OPHTHALMOLOGY, PC TO DISCUSS MY CARE AND TREATMENT WITH:

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