

Cross River Eye Care Patient Registration Form

/	/	/	<input type="radio"/> Male <input type="radio"/> Female
<i>Title</i>	<i>Patient first name</i>	<i>Last Name</i>	
<i>Address (Number, Street, Apartment</i>			
/		/	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Date of Birth</i>	<i>Social Security Number</i>	<i>Home Phone</i>	
<i>Email (optional)</i>		<i>Cell Phone</i>	
MEDICAL / HEALTH INSURANCE (Oxford, Medicare, etc.)		Insured's ID Number	
<i>Full Name of insured</i>		<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Domestic Partner <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Child <i>Relationship to Insured</i>	
VISION INSURANCE (VSP, Davis Vision, EyeMed, etc.)		Insured's ID Number	
<i>Full Name of insured</i>		<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Domestic Partner <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Child <i>Relationship to Insured</i>	

Acknowledgement of Financial Responsibility

Your insurance policy is a contract between you and your carrier. Some of your services may not be covered. Please make sure you have verified your coverage before services are provided.

- Referrals from your primary doctor must be obtained by you and provided at the time of your visit.
- Co-pays and deductibles will be collected at the time of your visit.
- We have contracts with many, but not all, insurance companies. Medicare or other medical plans without routine vision coverage may deny payment for any services rendered in the absence of actual disease. When eye diseases are diagnosed or suspected, additional testing may be necessary. These tests are not covered by vision plans; however, they may be covered by your medical insurance. If your insurance company declines to pay for any reason, you are responsible for payment.
- Our practice strongly recommends a retinal exam to evaluate the overall health of the eyes. We have new technology that can take a digital image of the retina. The cost of this procedure is \$30.
- Contact lens evaluations and fittings are not considered part of a comprehensive eye exam and are the responsibility of the patient. The fees are determined by the level of services that are provided. Unfortunately, we will not be able to provide you with a contact lens prescription without having a contact lens examination.

Please Read:

The above information is true to the best of my knowledge. I authorize my insurance benefits (including Medicare benefits) to be paid directly to **Cross River Eye Care**. I understand that I am financially responsible for any balance. I also authorize **Cross River Eye Care** or my insurance company to release any information required to process my claims.

HIPPA Written Acknowledgment

I have reviewed the Notice of Privacy Practices. I understand that I have a right to request how my health information will be used or disclosed.

Print Patient Name

Print Name of Responsible Party

Today's Date

Signature of Responsible Party

(turn over→)