



# Eye Consultants

OF PENNSYLVANIA, PC

EyeConsultantsOfPA.com  
TOLL-FREE: 800-762-7132

Patient Account #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Social Security #: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Social Security #: \_\_\_\_\_

### PRIMARY INSURANCE INFORMATION

Name of Primary Insurance: \_\_\_\_\_

Address of Primary Insurance: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

Name of Secondary Insurance: \_\_\_\_\_

Address of Secondary Insurance: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### VISION INSURANCE INFORMATION

Name of Vision Insurance: \_\_\_\_\_

Address of Vision Insurance: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY?

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize EYE CONSULTANTS OF PENNSYLVANIA, P.C. to release any information acquired in the course of my examination or treatment for insurance claims, and authorize payment directly to EYE CONSULTANTS OF PENNSYLVANIA, P.C. of the surgical and/or medical benefits, if any, otherwise payable to me for their services. I understand I am financially responsible for all charges not covered by this authorization and guarantee payment of this account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient or Parent if Minor)

**WYOMISSING**  
1 Granite Point Dr.,  
Suite 100  
Wyomissing, PA 19610  
TEL 610-378-1344  
FAX 610-378-9508

**POTTSVILLE**  
100 Schuylkill Medical Pl.,  
Suite 100  
Pottsville, PA 17901  
TEL 570-621-5690  
FAX 570-622-9285

**POTTSTOWN**  
293 Armand Hammer Blvd.  
Pottstown, PA 19464  
TEL 610-327-8528  
FAX 610-327-4155

**LEBANON**  
770 Norman Dr.  
Lebanon, PA 17042  
TEL 717-272-2161  
FAX 717-270-0301

**BLANDON**  
219 East Wesner Rd.  
Blandon, PA 19510  
TEL 610-926-4241  
FAX 610-926-8160