



Eye Consultants

OF PENNSYLVANIA, PC

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

Date: _____

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: _____

ASSIGNMENT AND RELEASE

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