

**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) (Check) 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: (Check One): VBA NVA VSP BAI GE EYEMED  
Other: \_\_\_\_\_
12. Primary Card Holder: \_\_\_\_\_ Card Holder S.S.# \_\_\_\_\_ D.O.B. \_\_\_\_\_
13. Medical Insurance Co. Name: (Check One): Medicare PPO Blue BC/BS Health America Keystone  
Select Blue UPMC Other: \_\_\_\_\_
14. Primary Care Physician: \_\_\_\_\_ Address/Phone: \_\_\_\_\_  
If unsure, leave blank

**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 AND DISCOVER**