Richboro Eye Care - Patient Information

First Name	Middle Name	Last Name	Birth Date
Address		City	St / Zip

Phone Number Circle order to call	Home Ph (1 2 3)	Work Ph (1 2 3)	Cell Ph (1 2 3)

Nick Name	Email

Gender [ ] M [ ] F	SSN (some insurances need this)	Who referred you

Living Conditions [ ] Alone [ ] Nursing home [ ] Caretaker [ ] Own home with family

Occupation [ ] Retired from: [ ] Currently:

Marital Status	Preferred Contact	Race	Ethnicity
[ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Life Partner	Check all the apply.. [ ] Home Phone [ ] Work Phone [ ] Cell Phone [ ] Separated [ ] Email [ ] Text Message	[ ] White / Caucasian [ ] Black [ ] Asian [ ] American Indian [ ] Pacific Islander [ ] Decline to answer	[ ] Hispanic/Latino [ ] Non-Hispanic [ ] Unknown [ ] Decline to answer

Primary Physician	Other Provider (Cardio, Endocrine)

Insurances - Please gave us your cards to photocopy - Cannot bill insurance without your cards

If MEDICARE is your primary insurance, you need to answer the following (check response):

1. Do you or your spouse have health insurance through an employer? [ ] No [ ] Yes
2. Are you entitled to Medicare because of disability or end-stage renal disease? [ ] No [ ] Yes
3. If #2 is from disability, is it the result of an auto accident, workman's comp or other injury? [ ] No [ ] Yes

Complete below if insurance NOT in the patient's name!

Guarantor's First Name	Guarantor's Last Name	Guarantor's Middle Name	Guarantor's Birthday
Address		City	St / Zip

Phone Number Circle order to call	Home Ph (1 2 3)	Work Ph (1 2 3)	Cell Ph (1 2 3)

Relationship to Patient [ ] Spouse [ ] Child/Dep [ ] Child Indep.	SSN (not shared)	Driver's License (photocopy w/cards!)

Please read and Initial EACH section - You cannot be seen unless each section is initialed!

[ ] Payment for services rendered or products purchased is required **prior to leaving** unless other arrangements have been made in advance. If you have NO MEANS to pay for services today (such as co-payments) you MUST reschedule your visit unless you agree to pay our $5 statement fee. We accept cash and personal checks and all major credit cards (There is a non-refundable $25 charge for all returned checks regardless of cause).

[ ] To the best of my knowledge, all the insurance information above is **accurate** and **complete**. I understand that this office only submits claims to those insurances that it participates with. Managed care patients that require a referral MUST have on on file or immediately available online. **If you do not have a required or valid referral, you will have to pay for the visit. There are NO exceptions to this rule.** The patient is totally responsible for obtaining all referrals unless other arrangements have been made in advance.

Signature of responsible party ______________________________ Date _____/ _____ / _______