

WELCOME TO YORK EYE ASSOCIATES

Please Print

DATE _____

PATIENT INFORMATION:

PATIENT NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE () _____ EMAIL _____

MOBILE PHONE () _____ WORK PHONE () _____

GENDER: M ___ F ___ AGE: _____ DATE OF BIRTH _____ MARITAL STATUS _____

SOCIAL SECURITY # _____ DL # _____

EMPLOYED BY _____ OCCUPATION _____ MAY WE CALL YOU THERE? _____

SPOUSE'S NAME _____ WORK PHONE# _____

PARENT OR LEGAL GUARDIAN _____ HOW DID HEAR ABOUT US? _____

VISION INSURANCE: No Yes If yes, name of vision insurance: _____

INSURED'S NAME _____ INSURED'S DOB _____

INSURANCE ID # _____ GROUP # _____

MEDICAL INSURANCE: No Yes If yes, name of medical insurance: _____

INSURED'S NAME _____ INSURED'S DOB _____

INSURANCE ID # _____ GROUP # _____

WHO IS RESPONSIBLE FOR PAYMENT IF NOT COVERED BY INSURANCE? _____

ADDRESS, IF DIFFERENT FROM ABOVE: _____

INSURANCE INFORMATION

WE FILE ALL MEDICARE CLAIMS. DUE TO THE LARGE NUMBER OF INSURANCE PLANS WE PARTICIPATE IN, KNOWLEDGE OF ANY SPECIAL PLAN REQUIREMENTS IS YOUR RESPONSIBILITY. WE WILL BE GLAD TO ASSIST YOU IN ANY WAY.

ALL PATIENTS MUST READ THE FOLLOWING STATEMENTS AND SIGN BELOW

I, the undersigned, certify that I (or my dependents) have insurance coverage. I assign all payments to Robin N. Bynum, O.D., Cynthia G. Fleitman, O.D., or Margie A. York, O.D. for services rendered. I authorize the release of any medical information necessary to process this or any future claim. Any unpaid patient balance after 30 days will begin acquiring a monthly finance charge of 1.5%.

By my signature below, I acknowledge that I have read and understand the above statements.

Patients signature _____ Date _____

(or responsible party)

I acknowledge that I have received YORK EYE ASSOCIATES, P.C. notice of Privacy Practices which explains to me how YEA handles my protected health information.

Patient's signature _____ Date _____

(or responsible party)

If acknowledgment could not be obtained from patient, the reasons must be listed below.
