



# Eyecare Today

Dr. Robert F. Murray  
Optometrist



## Patient Information

check if patient is a minor

Title \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Age \_\_\_\_\_ Sex Male Female

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

## Insurance Information

Insurance Name \_\_\_\_\_

Policy or ID # \_\_\_\_\_

Group # \_\_\_\_\_

Primary Card Holder \_\_\_\_\_

Primary's SS# \_\_\_\_\_

Primary's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary's Address (if different from patient) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary's Phone # \_\_\_\_\_

Person Responsible for account if different from patient

Responsible Party's Phone # \_\_\_\_\_

**PLEASE PRESENT YOUR INSURANCE CARD(S) TO FRONT DESK PERSONNEL UPON CHECK-IN.**

**\*\*\*IF WE ARE PARTICIPATING PROVIDERS WITH YOUR INSURANCE COMPANY, WE WILL BILL THEM DIRECTLY ON YOUR BEHALF. IF NOT, WE REQUIRE PAYMENT AT THE TIME OF SERVICE AND WILL GIVE YOU THE PROPER RECEIPT FOR YOU TO SUBMIT FOR REIMBURSEMENT. CO-PAYMENTS ARE ALSO DUE AT THE TIME OF SERVICE. PLEASE KEEP IN MIND THAT IF YOUR INSURANCE DEDUCTIBLE HAS NOT BEEN MET FOR THE CURRENT CALENDAR YEAR, YOU WILL BE BILLED FOR THE REMAINING DEDUCTIBLE BALANCE DUE.\*\*\***

### **WE ARE PARTICIPATING PROVIDERS WITH:**

ANTHEM BLUE CROSS/BLUE SHIELD, ALWAYS CARE, ANTHEM VISION, AETNA, CIGNA, DAVIS VISION, EYE-MED, FIRSTLOOK VISION NETWORK, HARVARD PILGRIM, HEALTH PLANS, LHI, MAINE CARE, MEDICARE, MES VISION, MARTINS POINT, OPTUM HEALTH VISION, SPECTERA, UNITED HEALTH CARE, SUPERIOR VISION, UNITED HEALTHCARE VISION, VISION BENEFITS OF AMERICA AND VISION SERVICE PLAN (VSP).

### **WE ARE NOT PARTICIPATING PROVIDERS WITH:**

ANY OTHER INSURANCE NOT LISTED ABOVE.

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_