



INSURANCE INFORMATION

PATIENT NAME _____ **DATE OF BIRTH** _____
(FIRST) (MIDDLE INITIAL) (LAST)

PRIMARY INSURANCE INFORMATION (FILL OUT ONLY IF YOU DO NOT HAVE INSURANCE CARDS FOR US TO SCAN)

INSURANCE CARRIER _____ SUBSCRIBER ID # _____

IF THE SUBSCRIBER IS DIFFERENT FROM THE PATIENT:

SUBSCRIBER'S NAME _____ DATE OF BIRTH _____

SECONDARY INSURANCE INFORMATION (FILL OUT ONLY IF YOU DO NOT HAVE INSURANCE CARDS FOR US TO SCAN)

INSURANCE CARRIER _____ SUBSCRIBER ID # _____

IF THE SUBSCRIBER IS DIFFERENT FROM THE PATIENT:

SUBSCRIBER'S NAME _____ DATE OF BIRTH _____

IS THE PATIENT IN A SKILLED NURSING FACILITY? No Yes

IF YES, PLEASE GIVE THE NAME OF THE SKILLED NURSING FACILITY _____

IS THIS A WORKER'S COMPENSATION CLAIM? No Yes

IF YES, PLEASE SEE RECEPTIONIST FOR ADDITIONAL PAPERWORK.

MEDICARE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE:

I request that payment of authorized Medicare benefits be made on my behalf to Retina-Vitreous Surgeons of Central NY, P.C. for any services rendered by a physician of the group. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information to determine these benefits payable for related services.

PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE:

I authorize payment of medical benefits to Retina-Vitreous Surgeons of Central NY, P.C. for any services rendered by a physician of the group. I understand that I am financially responsible for any amount not covered by my contract. I also authorize the release to my insurance company or their agent information concerning health care, advice, or treatment provided. This information will be used for the purpose of evaluating and administering claims of benefits.

I have read and completed this document to the best of my ability, and I understand and agree to all of the terms and conditions.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

DATE

(PRINTED NAME IF LEGAL GUARDIAN)

(RELATIONSHIP TO PATIENT)

Syracuse

200 Greenfield Parkway,
Liverpool, NY 13088
315-445-8166 • 800-654-0554
Fax 315-445-2697

Watertown

400 Washington Street,
Watertown, NY 13601
315-445-8166 • 800-654-0554
Fax 315-445-2697

Binghamton

4104 Vestal Road, Suite 103,
Vestal, NY 13850
315-445-8166 • 800-654-0554
Fax 315-445-2697

Ithaca

821 Cliff Street, Suite 6,
Ithaca, NY 14850
315-445-8166 • 800-654-0554
Fax 315-445-2697

New Hartford

8411 Seneca Turnpike, Suite 106,
New Hartford, NY 13413
315-445-8166 • 800-654-0554
Fax 315-445-2697